

TITLE V BLOCK GRANT APPLICATION
FORMS (1-21)
STATE: MT
APPLICATION YEAR: 2007

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| | | | | | |
|--|-----------------|--|---|---|--|
| APPLICATION FOR FEDERAL ASSISTANCE | | 2. DATE SUBMITTED 7/15/2006 | | APPLICANT IDENTIFIER | |
| 1. TYPE OF SUBMISSION: | | 3. DATE RECEIVED BY STATE | | STATE APPLICATION IDENTIFIER | |
| Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | Pre-application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction | | 4. DATE RECEIVED BY FEDERAL AGENCY | |
| | | | | FEDERAL IDENTIFIER | |
| 5. APPLICANT INFORMATION | | | | | |
| Legal Name: State of Montana Organizational DUNS: 051659352 | | | Organizational Unit: Family and Community Health Bureau | | |
| Address (give city, county, state and zip code) 1218 E. 6th Ave Helena, MT 59620 County: | | | Name and telephone number of the person to be contacted on matters involving this application (give area code) Name: Jo Ann Walsh Dotson Email: jdotson@mt.gov Tel Number: 406-444-4743 Fax Number: 406-444-2606 | | |
| 6. EMPLOYER IDENTIFICATION NUMBER (EIN): | | | 7. TYPE OF APPLICANT: (Enter appropriate letter in box) A | | |
| <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">8</div> <div style="border: 1px solid black; padding: 2px 5px;">1</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> <div style="border: 1px solid black; padding: 2px 5px;">0</div> <div style="border: 1px solid black; padding: 2px 5px;">2</div> </div> | | | A. State B. County C. Municipality D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) | | |
| 8. TYPE OF APPLICATION: | | | 9 NAME OF FEDERAL AGENCY: | | |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> <small>A. Increase Award B. Decrease Award C. Increase Duration Decrease Duration Other (specify):</small> | | | Health Resources and Services Administration, Maternal and Child Health Bureau | | |
| 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: | | | 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | |
| <div style="display: flex; gap: 10px;"> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">3</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">9</div> <div style="border: 1px solid black; padding: 2px 5px;">4</div> </div> TITLE: Maternal and Child Health Services Block Grant | | | Maternal Child Health Services Block Grant | | |
| 12. AREAS AFFECTED BY PROJECT (cities, communities, states, etc.): | | | | | |
| State | | | | | |
| 13. PROPOSED PROJECT: | | | 14. CONGRESSIONAL DISTRICTS OF: | | |
| Start Date: 10/01/2006 | | Ending Date: 09/30/2007 | | a. Applicant State of Montana | |
| | | | | b. Project State of Montana | |
| 15. ESTIMATED FUNDING: | | 16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? | | | |
| a. Federal | \$ 2,462,222.00 | a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW | | | |
| b. Applicant | \$ 0.00 | | | | |
| c. State | \$ 1,440,467.00 | | | | |
| d. Local | \$ 3,165,000.00 | | | | |
| e. Other | \$ 0.00 | | | | |
| f. Program Income | \$ 743,094.00 | | | | |
| g. TOTAL | \$ 7,810,783.00 | 17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT | | | |
| | | <input type="checkbox"/> Yes. If "Yes", attach an explanation <input checked="" type="checkbox"/> No | | | |
| 18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY BY THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. | | | | | |
| a. Typed Name of Authorized Representative Jo Ann Walsh Dotson | | | b. Title Bureau Chief | | c. Telephone Number 406-444-4743 |
| d. Signature of Authorized Representative | | | | | e. Date Signed |

FORM 2
MCH BUDGET DETAILS FOR FY 2007

[Secs. 504 (d) and 505(a)(3)(4)]

STATE: MT

1. FEDERAL ALLOCATION

(Item 15a of the Application Face Sheet [SF 424])

Of the Federal Allocation (1 above), the amount earmarked for:

A.Preventive and primary care for children:

\$ 955,473 (38.81 %)

B.Children with special health care needs:

\$ 838,666 (34.06 %)

(If either A or B is less than 30%, a waiver request must accompany the application)[Sec. 505(a)(3)]

C.Title V administrative costs:

\$ 194,083 (7.88 %)

(The above figure cannot be more than 10%)[Sec. 504(d)]

\$ 2,462,222

2. UNOBLIGATED BALANCE (Item 15b of SF 424)

\$ 0

3. STATE MCH FUNDS (Item 15c of the SF 424)

\$ 1,440,467

4. LOCAL MCH FUNDS (Item 15d of SF 424)

\$ 3,165,000

5. OTHER FUNDS (Item 15e of SF 424)

\$ 0

6. PROGRAM INCOME (Item 15f of SF 424)

\$ 743,094

7. TOTAL STATE MATCH (Lines 3 through 6)

(Below is your State's FY 1989 Maintenance of Effort Amount)

\$ 485,480

\$ 5,348,561

8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP (SUBTOTAL)

(Total lines 1 through 6. Same as line 15g of SF 424)

\$ 7,810,783

9. OTHER FEDERAL FUNDS

(Funds under the control of the person responsible for the administration of the Title V program)

a. SPRANS: \$ 0

b. SSDI: \$ 100,000

c. CISS: \$ 140,000

d. Abstinence Education: \$ 172,303

e. Healthy Start: \$ 0

f. EMSC: \$ 115,000

g. WIC: \$ 14,328,139

h. AIDS: \$ 1,195,640

i. CDC: \$ 150,000

j. Education: \$ 0

k. Other:

FASD Prevention \$ 325,000

HRSA Oral Health \$ 65,000

PH Block Grant \$ 140,434

Title X FP \$ 2,269,623

WIC Farmers Market \$ 57,353

Youth Suicide Prev \$ 400,000

10. OTHER FEDERAL FUNDS (SUBTOTAL of all Funds under item 9)

\$ 19,458,492

11. STATE MCH BUDGET TOTAL

(Partnership subtotal + Other Federal MCH Funds subtotal)

\$ 27,269,275

FORM NOTES FOR FORM 2

None

FIELD LEVEL NOTES

1. **Section Number:** Main
 Field Name: CDC
 Row Name: Other Federal Funds - CDC
 Column Name:
 Year: 2007
 Field Note:
 Universal Newborn Hearing Screening = \$150,000
2. **Section Number:** Main
 Field Name: OtherFedFundsOtherFund
 Row Name: Other Federal Funds - Other Funds
 Column Name:
 Year: 2007
 Field Note:
 Title X

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: MT

| | FY 2005 | | FY 2006 | | FY 2007 | |
|--|---------------|---------------|---------------|----------|---------------|----------|
| | BUDGETED | EXPENDED | BUDGETED | EXPENDED | BUDGETED | EXPENDED |
| 1. Federal Allocation <i>(Line1, Form 2)</i> | \$ 2,560,004 | \$ 2,547,932 | \$ 2,547,932 | \$ 0 | \$ 2,462,222 | \$ 0 |
| 2. Unobligated Balance <i>(Line2, Form 2)</i> | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| 3. State Funds <i>(Line3, Form 2)</i> | \$ 1,130,108 | \$ 1,138,977 | \$ 1,085,637 | \$ 0 | \$ 1,440,467 | \$ 0 |
| 4. Local MCH Funds <i>(Line4, Form 2)</i> | \$ 2,800,000 | \$ 3,046,191 | \$ 3,598,977 | \$ 0 | \$ 3,165,000 | \$ 0 |
| 5. Other Funds <i>(Line5, Form 2)</i> | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| 6. Program Income <i>(Line6, Form 2)</i> | \$ 0 | \$ 743,096 | \$ 791,235 | \$ 0 | \$ 743,094 | \$ 0 |
| 7. Subtotal <i>(Line8, Form 2)</i> | \$ 6,490,112 | \$ 7,476,196 | \$ 8,023,781 | \$ 0 | \$ 7,810,783 | \$ 0 |
| (THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP) | | | | | | |
| 8. Other Federal Funds <i>(Line10, Form 2)</i> | \$ 19,041,494 | \$ 18,312,177 | \$ 18,334,262 | \$ 0 | \$ 19,458,492 | \$ 0 |
| 9. Total <i>(Line11, Form 2)</i> | \$ 25,531,606 | \$ 25,788,373 | \$ 26,358,043 | \$ 0 | \$ 27,269,275 | \$ 0 |
| (STATE MCH BUDGET TOTAL) | | | | | | |

FORM 3
STATE MCH FUNDING PROFILE

[Secs. 505(a) and 506((a))(1-3)]

STATE: MT

| | FY 2002 | | FY 2003 | | FY 2004 | |
|--|---------------|---------------|---------------|---------------|---------------|---------------|
| | BUDGETED | EXPENDED | BUDGETED | EXPENDED | BUDGETED | EXPENDED |
| 1. Federal Allocation <i>(Line1, Form 2)</i> | \$ 2,565,446 | \$ 2,615,865 | \$ 2,615,865 | \$ 2,609,133 | \$ 2,609,133 | \$ 2,609,133 |
| 2. Unobligated Balance <i>(Line2, Form 2)</i> | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| 3. State Funds <i>(Line3, Form 2)</i> | \$ 1,288,137 | \$ 1,239,283 | \$ 1,246,729 | \$ 1,160,198 | \$ 1,166,561 | \$ 1,085,638 |
| 4. Local MCH Funds <i>(Line4, Form 2)</i> | \$ 2,634,291 | \$ 3,308,892 | \$ 2,545,000 | \$ 2,733,097 | \$ 3,000,000 | \$ 3,598,977 |
| 5. Other Funds <i>(Line5, Form 2)</i> | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 |
| 6. Program Income <i>(Line6, Form 2)</i> | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 0 | \$ 791,235 |
| 7. Subtotal <i>(Line8, Form 2)</i> | \$ 6,487,874 | \$ 7,164,040 | \$ 6,407,594 | \$ 6,502,428 | \$ 6,775,694 | \$ 8,084,983 |
| (THE FEDERAL-STATE TITLE BLOCK GRANT PARTNERSHIP) | | | | | | |
| 8. Other Federal Funds <i>(Line10, Form 2)</i> | \$ 16,510,575 | \$ 18,285,611 | \$ 19,471,259 | \$ 19,000,000 | \$ 17,888,106 | \$ 17,688,622 |
| 9. Total <i>(Line11, Form 2)</i> | \$ 22,998,449 | \$ 25,449,651 | \$ 25,878,853 | \$ 25,502,428 | \$ 24,663,800 | \$ 25,773,605 |
| (STATE MCH BUDGET TOTAL) | | | | | | |

FORM NOTES FOR FORM 3

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2005
Field Note:
Fully expended grant received
2. **Section Number:** Main
Field Name: FedAllocExpended
Row Name: Federal Allocation
Column Name: Expended
Year: 2004
Field Note:
generous contributions and counting of Medicaid increase ability to spend
3. **Section Number:** Main
Field Name: UnobligatedBalanceExpended
Row Name: Unobligated Balance
Column Name: Expended
Year: 2004
Field Note:
generous contributions and counting of Medicaid reimbursement allowed additional expenditures
4. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2005
Field Note:
CACHPerinatal GF \$28,937
MCHDM Perinatal GF \$10,900
PHHV \$574,723
Genetics \$524,417
5. **Section Number:** Main
Field Name: StateMCHFundsExpended
Row Name: State Funds
Column Name: Expended
Year: 2004
Field Note:
Local funds exceeded expectation. Very generous donations and the addition of Medicaid billing for many services helped exceed expectations
6. **Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2005
Field Note:
As reported to state with annual year end report due Aug 15, 2005
7. **Section Number:** Main
Field Name: LocalMCHFundsExpended
Row Name: Local MCH Funds
Column Name: Expended
Year: 2004
Field Note:
Very generous donations and the inclusion of Medicaid billing has helped local income
8. **Section Number:** Main
Field Name: OtherFundsExpended
Row Name: Other Funds
Column Name: Expended
Year: 2004
Field Note:
generous contributions and counting of Medicaid reimbursement allowed added expenditures
9. **Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2005
Field Note:
From annual report
10. **Section Number:** Main
Field Name: ProgramIncomeExpended
Row Name: Program Income
Column Name: Expended
Year: 2004
Field Note:
Local contributions have not been counted in the past submissions

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MT

| | FY 2005 | | FY 2006 | | FY 2007 | |
|---|---------------|--------------|---------------|----------|---------------|----------|
| | BUDGETED | EXPENDED | BUDGETED | EXPENDED | BUDGETED | EXPENDED |
| I. Federal-State MCH Block Grant Partnership | | | | | | |
| a. Pregnant Women | \$ 1,038,306 | \$ 1,483,173 | \$ 1,367,965 | \$ 0 | \$ 1,537,288 | \$ 0 |
| b. Infants < 1 year old | \$ 706,138 | \$ 1,090,394 | \$ 1,106,576 | \$ 0 | \$ 925,273 | \$ 0 |
| c. Children 1 to 22 years old | \$ 2,492,250 | \$ 2,658,291 | \$ 2,611,937 | \$ 0 | \$ 2,625,473 | \$ 0 |
| d. Children with Special Healthcare Needs | \$ 1,348,000 | \$ 1,268,233 | \$ 1,440,881 | \$ 0 | \$ 1,438,666 | \$ 0 |
| e. Others | \$ 615,418 | \$ 620,166 | \$ 1,066,295 | \$ 0 | \$ 890,000 | \$ 0 |
| f. Administration | \$ 290,000 | \$ 355,939 | \$ 430,127 | \$ 0 | \$ 394,083 | \$ 0 |
| g. SUBTOTAL | \$ 6,490,112 | \$ 7,476,196 | \$ 8,023,781 | \$ 0 | \$ 7,810,783 | \$ 0 |
| | | | | | | |
| II. Other Federal Funds (under the control of the person responsible for administration of the Title V program). | | | | | | |
| a. SPRANS | \$ 0 | | \$ 0 | | \$ 0 | |
| b. SSDI | \$ 100,000 | | \$ 1,000,000 | | \$ 100,000 | |
| c. CISS | \$ 50,000 | | \$ 0 | | \$ 140,000 | |
| d. Abstinence Education | \$ 175,988 | | \$ 9,650 | | \$ 172,303 | |
| e. Healthy Start | \$ 0 | | \$ 0 | | \$ 0 | |
| f. EMSC | \$ 139,960 | | \$ 139,815 | | \$ 115,000 | |
| g. WIC | \$ 14,144,314 | | \$ 13,500,000 | | \$ 14,328,139 | |
| h. AIDS | \$ 2,215,641 | | \$ 1,195,640 | | \$ 1,195,640 | |
| i. CDC | \$ 279,134 | | \$ 0 | | \$ 150,000 | |
| j. Education | \$ 0 | | \$ 0 | | \$ 0 | |
| k. Other | | | | | | |
| FASD Prevention | \$ 0 | | \$ 0 | | \$ 325,000 | |
| HRSA Oral Health | \$ 0 | | \$ 0 | | \$ 65,000 | |
| PH Block Grant | \$ 0 | | \$ 0 | | \$ 140,434 | |
| Title X FP | \$ 1,777,197 | | \$ 1,959,897 | | \$ 2,269,623 | |
| WIC Farmers Market | \$ 0 | | \$ 0 | | \$ 57,353 | |
| Youth Suicide Prev | \$ 0 | | \$ 0 | | \$ 400,000 | |
| Early Child | \$ 0 | | \$ 50,000 | | \$ 0 | |
| FA Spec Dis | \$ 0 | | \$ 100,000 | | \$ 0 | |
| FAS PRV | \$ 0 | | \$ 7,000 | | \$ 0 | |
| Oral Health | \$ 0 | | \$ 70,000 | | \$ 0 | |
| PHBG | \$ 159,260 | | \$ 152,260 | | \$ 0 | |
| UNB | \$ 0 | | \$ 150,000 | | \$ 0 | |
| III. SUBTOTAL | \$ 19,041,494 | | \$ 18,334,262 | | \$ 19,458,492 | |

FORM 4

BUDGET DETAILS BY TYPES OF INDIVIDUALS SERVED (I) AND SOURCES OF OTHER FEDERAL FUNDS (II)

[Secs 506(2)(2)(iv)]

STATE: MT

| | FY 2002 | | FY 2003 | | FY 2004 | |
|---|---------------|--------------|---------------|--------------|---------------|--------------|
| | BUDGETED | EXPENDED | BUDGETED | EXPENDED | BUDGETED | EXPENDED |
| I. Federal-State MCH Block Grant Partnership | | | | | | |
| a. Pregnant Women | \$ 1,048,869 | \$ 1,036,308 | \$ 1,027,914 | \$ 1,040,706 | \$ 987,432 | \$ 1,389,131 |
| b. Infants < 1 year old | \$ 743,000 | \$ 686,870 | \$ 788,418 | \$ 670,596 | \$ 787,800 | \$ 1,101,335 |
| c. Children 1 to 22 years old | \$ 2,440,000 | \$ 2,072,131 | \$ 2,170,000 | \$ 2,565,447 | \$ 2,295,000 | \$ 2,611,937 |
| d. Children with Special Healthcare Needs | \$ 1,513,219 | \$ 1,413,582 | \$ 1,550,314 | \$ 1,374,934 | \$ 1,488,614 | \$ 1,414,398 |
| e. Others | \$ 592,786 | \$ 1,596,854 | \$ 530,948 | \$ 660,928 | \$ 866,848 | \$ 1,180,539 |
| f. Administration | \$ 150,000 | \$ 359,052 | \$ 340,000 | \$ 189,817 | \$ 350,000 | \$ 387,643 |
| g. SUBTOTAL | \$ 6,487,874 | \$ 7,164,797 | \$ 6,407,594 | \$ 6,502,428 | \$ 6,775,694 | \$ 8,084,983 |
| | | | | | | |
| II. Other Federal Funds (under the control of the person responsible for administration of the Title V program). | | | | | | |
| a. SPRANS | \$ 0 | | \$ 0 | | \$ 0 | |
| b. SSDI | \$ 100,000 | | \$ 90,300 | | \$ 100,000 | |
| c. CISS | \$ 100,000 | | \$ 100,000 | | \$ 12,466 | |
| d. Abstinence Education | \$ 186,439 | | \$ 139,829 | | \$ 180,000 | |
| e. Healthy Start | \$ 0 | | \$ 0 | | \$ 0 | |
| f. EMSC | \$ 100,000 | | \$ 145,000 | | \$ 145,000 | |
| g. WIC | \$ 13,264,660 | | \$ 13,792,238 | | \$ 13,000,000 | |
| h. AIDS | \$ 0 | | \$ 2,126,380 | | \$ 2,126,380 | |
| i. CDC | \$ 520,785 | | \$ 510,035 | | \$ 265,000 | |
| j. Education | \$ 0 | | \$ 0 | | \$ 0 | |
| k. Other | | | | | | |
| PHBG & FAS Prev | \$ 0 | | \$ 0 | | \$ 259,260 | |
| Title X FP | \$ 1,508,139 | | \$ 0 | | \$ 1,800,000 | |
| FAS Prevention | \$ 571,292 | | \$ 571,292 | | \$ 0 | |
| PHBG - FP & Dental | \$ 0 | | \$ 159,260 | | \$ 0 | |
| Title X Family Planning | \$ 0 | | \$ 1,836,925 | | \$ 0 | |
| PHBG Dental | \$ 7,000 | | \$ 0 | | \$ 0 | |
| PHBG FP | \$ 152,260 | | \$ 0 | | \$ 0 | |
| III. SUBTOTAL | \$ 16,510,575 | | \$ 19,471,259 | | \$ 17,888,106 | |

FORM NOTES FOR FORM 4

None

FIELD LEVEL NOTES

1. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenBudgeted
Row Name: Pregnant Women
Column Name: Budgeted
Year: 2006
Field Note:
Generous contributions and counting of Medicaid reimbursement
2. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2005
Field Note:
County general fund reported went up from budgeted \$175,000 to \$269,610. Counties continue to report high needs with high risk pregnant women. Revenue of \$371,548 was reported but not budgeted
3. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: PregWomenExpended
Row Name: Pregnant Women
Column Name: Expended
Year: 2004
Field Note:
Additional funds at local level allowed for the increased expenditure
4. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Budgeted
Row Name: Infants <1 year old
Column Name: Budgeted
Year: 2006
Field Note:
Generous contributions and counting of medicaid reimbursement
5. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2005
Field Note:
Medical genetics funding supported services for infants as well as children, accounting for approximately \$60,000 more expended than budgeted. Also, revenue was again not included in the budgeted line but was received and expended by contractors.
6. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_0_1Expended
Row Name: Infants <1 year old
Column Name: Expended
Year: 2004
Field Note:
Additional funds contributed at local level allowed the added expenditures
7. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Budgeted
Row Name: Children 1 to 22 years old
Column Name: Budgeted
Year: 2006
Field Note:
generous contributions and counting of Medicaid reimbursement
8. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: Children_1_22Expended
Row Name: Children 1 to 22 years old
Column Name: Expended
Year: 2004
Field Note:
Additional funds at the local level allow additional expenditures
9. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNBudgeted
Row Name: CSHCN
Column Name: Budgeted
Year: 2006
Field Note:
Generous contributions and counting of Medicaid reimbursement
10. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: CSHCNExpended
Row Name: CSHCN
Column Name: Expended
Year: 2004
Field Note:
Additional funds were received locally allowed for added expenditures
11. **Section Number:** I. Federal-State MCH Block Grant Partnership
Field Name: AllOthersBudgeted
Row Name: All Others
Column Name: Budgeted
Year: 2006
Field Note:
generous contributions and counting of Medicaid reimbursement
12. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2005

Field Note:

Increased funding for genetics program expended for pregnant women and families requiring genetics services

13. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AllOthersExpended

Row Name: All Others

Column Name: Expended

Year: 2004

Field Note:

Additional funds at the local level allowed for the added expenditures

14. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AdminBudgeted

Row Name: Administration

Column Name: Budgeted

Year: 2006

Field Note:

Generous contributions and counting of Medicaid reimbursement

15. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2005

Field Note:

Counties reported increased amount for administrative costs.

16. **Section Number:** I. Federal-State MCH Block Grant Partnership

Field Name: AdminExpended

Row Name: Administration

Column Name: Expended

Year: 2004

Field Note:

Additional funds at the local level allowed for the added expenditures

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MT

| TYPE OF SERVICE | FY 2005 | | FY 2006 | | FY 2007 | |
|--|--------------|--------------|--------------|----------|--------------|----------|
| | BUDGETED | EXPENDED | BUDGETED | EXPENDED | BUDGETED | EXPENDED |
| I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.) | \$ 2,872,368 | \$ 3,206,246 | \$ 3,372,749 | \$ 0 | \$ 2,800,466 | \$ 0 |
| II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.) | \$ 1,606,712 | \$ 2,181,352 | \$ 2,356,502 | \$ 0 | \$ 2,165,613 | \$ 0 |
| III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.) | \$ 976,932 | \$ 920,875 | \$ 966,310 | \$ 0 | \$ 1,675,850 | \$ 0 |
| IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.) | \$ 1,034,100 | \$ 1,167,723 | \$ 1,328,220 | \$ 0 | \$ 1,168,854 | \$ 0 |
| V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.) | \$ 6,490,112 | \$ 7,476,196 | \$ 8,023,781 | \$ 0 | \$ 7,810,783 | \$ 0 |

FORM 5
STATE TITLE V PROGRAM BUDGET AND EXPENDITURES BY TYPES OF SERVICES

[Secs. 505(a)(2)(A-B) and 506(a)(1)(A-D)]

STATE: MT

| TYPE OF SERVICE | FY 2002 | | FY 2003 | | FY 2004 | |
|--|--------------|--------------|--------------|--------------|--------------|--------------|
| | BUDGETED | EXPENDED | BUDGETED | EXPENDED | BUDGETED | EXPENDED |
| I. Direct Health Care Services (Basic Health Services and Health Services for CSHCN.) | \$ 2,037,874 | \$ 3,014,505 | \$ 1,595,976 | \$ 2,911,792 | \$ 2,627,461 | \$ 3,401,655 |
| II. Enabling Services (Transportation, Translation, Outreach, Respite Care, Health Education, Family Support Services, Purchase of Health Insurance, Case Management, and Coordination with Medicaid, WIC, and Education.) | \$ 1,850,000 | \$ 1,974,543 | \$ 1,803,228 | \$ 1,564,043 | \$ 1,845,800 | \$ 2,356,401 |
| III. Population-Based Services (Newborn Screening, Lead Screening, Immunization, Sudden Infant Death Syndrome Counseling, Oral Health, Injury Prevention, Nutrition, and Outreach/Public Education.) | \$ 1,200,000 | \$ 1,052,609 | \$ 1,458,001 | \$ 1,044,448 | \$ 1,152,000 | \$ 966,208 |
| IV. Infrastructure Building Services (Needs Assessment, Evaluation, Planning, Policy Development, Coordination, Quality Assurance, Standards Development, Monitoring, Training, Applied Research, Systems of Care, and Information Systems.) | \$ 1,400,000 | \$ 1,123,140 | \$ 1,550,389 | \$ 982,145 | \$ 1,150,433 | \$ 1,360,719 |
| V. Federal-State Title V Block Grant Partnership Total (Federal-State Partnership only. Item 15g of SF 42r. For the "Budget" columns this is the same figure that appears in Line 8, Form 2, and in the "Budgeted" columns of Line 7 Form 3. For the "Expended" columns this is the same figure that appears in the "Expended" columns of Line 7, Form 3.) | \$ 6,487,874 | \$ 7,164,797 | \$ 6,407,594 | \$ 6,502,428 | \$ 6,775,694 | \$ 8,084,983 |

FORM NOTES FOR FORM 5

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: DirectHCBudgeted
Row Name: Direct Health Care Services
Column Name: Budgeted
Year: 2006
Field Note:
Assume continuation of 04 level of contributions and Medicaid reimbursement
2. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2005
Field Note:
County billed revenue was not budgeted for, but reported.
3. **Section Number:** Main
Field Name: DirectHCExpended
Row Name: Direct Health Care Services
Column Name: Expended
Year: 2004
Field Note:
Generous contributions and billing of Medicaid allowed added expenditures
4. **Section Number:** Main
Field Name: EnablingBudgeted
Row Name: Enabling Services
Column Name: Budgeted
Year: 2006
Field Note:
Assumed continuation of generous contributions and Medicaid reimbursement from 04
5. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2005
Field Note:
Revenue of \$371,548 was not budgeted for, but received and expended. Counties and reported exceeding the budgeted amount of \$300,000 by \$215,280.
6. **Section Number:** Main
Field Name: EnablingExpended
Row Name: Enabling Services
Column Name: Expended
Year: 2004
Field Note:
generous contributions and Medicaid billing allowed for added expenditure
7. **Section Number:** Main
Field Name: PopBasedBudgeted
Row Name: Population-Based Services
Column Name: Budgeted
Year: 2006
Field Note:
Assume will repeat 04 generous contributions and Medicaid billing that allows added expenditures
8. **Section Number:** Main
Field Name: PopBasedExpended
Row Name: Population-Based Services
Column Name: Expended
Year: 2004
Field Note:
Generous contributions and Medicaid billing allowed for added expenditures
9. **Section Number:** Main
Field Name: InfrastrBuildBudgeted
Row Name: Infrastructure Building Services
Column Name: Budgeted
Year: 2006
Field Note:
Assume repeat of generous contributions and Medicaid reimbursement will allow added expenditures in 06 too
10. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2005
Field Note:
County MCH and GF was budgeted for \$150,000 each. Counties reported expending \$209,963 and \$211,963, respectively.
11. **Section Number:** Main
Field Name: InfrastrBuildExpended
Row Name: Infrastructure Building Services
Column Name: Expended
Year: 2004
Field Note:
Generous contributions and Medicaid billing allowed for added level of expenditures

| | | | | | | |
|---|---|------|---|--------------------------------------|---|-----|
| FORM 6 | | | | | | |
| NUMBER AND PERCENTAGE OF NEWBORNS AND OTHERS SCREENED, CASES CONFIRMED, AND TREATED | | | | | | |
| <small>Sect. 506(a)(2)(B)(iii)</small> | | | | | | |
| STATE: MT | | | | | | |
| | | | | | | |
| Total Births by Occurrence: <u>11,551</u> | | | | | Reporting Year: 2005 | |
| | | | | | | |
| Type of Screening Tests | (A) Receiving at least one Screen (1) | | (B) No. of Presumptive Positive Screens | (C) No. Confirmed Cases (2) | (D) Needing Treatment that Received Treatment (3) | |
| | No. | % | | | No. | % |
| Phenylketonuria | 11,457 | 99.2 | 7 | 2 | 2 | 100 |
| Congenital Hypothyroidism | 11,457 | 99.2 | 20 | 4 | 4 | 100 |
| Galactosemia | 11,457 | 99.2 | 2 | 0 | 0 | |
| Sickle Cell Disease | 11,457 | 99.2 | 0 | 0 | 0 | |
| Other Screening (Specify) | | | | | | |
| Screening Programs for Older Children & Women (Specify Tests by name) | | | | | | |
| <small>(1) Use occurrent births as denominator. (2) Report only those from resident births. (3) Use number of confirmed cases as denominator.</small> | | | | | | |
| | | | | | | |
| | | | | | | |

FORM NOTES FOR FORM 6

None

FIELD LEVEL NOTES

1.

Section Number: Main

Field Name: Congenital_Presumptive

Row Name: Congenital

Column Name: Presumptive positive screens

Year: 2007

Field Note:
These data do not include positive screens resulting from babies not feeding, weighing <2500 grams, or screened prior to 24 hours of age unless further testing confirmed the condition.
2.

Section Number: Main

Field Name: SickCellDisease_Confirmed

Row Name: SickCellDisease

Column Name: Confirmed Cases

Year: 2007

Field Note:
There were no presumptive positive screens for 2005.

FORM 7
NUMBER OF INDIVIDUALS SERVED (UNDUPLICATED) UNDER TITLE V
(BY CLASS OF INDIVIDUALS AND PERCENT OF HEALTH COVERAGE)

[Sec. 506(a)(2)(A)(i-ii)]

STATE: MT

Reporting Year: 2005

| Types of Individuals Served | TITLE V | PRIMARY SOURCES OF COVERAGE | | | | |
|--|---------------------|-----------------------------|--------------------|------------------------|---------------|------------------|
| | (A) Total Served | (B) Title XIX % | (C) Title XXI % | (D) Private/Other % | (E) None % | (F) Unknown % |
| Pregnant Women | 4,154 | 53.8 | 0.4 | 15.4 | 9.3 | 19.4 |
| Infants < 1 year old | 11,457 | 39.2 | 1.6 | 12.7 | 7.3 | 33.8 |
| Children 1 to 22 years old | 33,340 | 18.7 | 2.9 | 12.6 | 10.1 | 46.9 |
| Children with Special Healthcare Needs | 4,264 | 59.9 | 0.8 | 14.3 | 7.0 | 15.8 |
| Others | 21,544 | 5.6 | 0.0 | 4.1 | 19.0 | 70.6 |
| TOTAL | 74,759 | | | | | |

FORM NOTES FOR FORM 7

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: PregWomen_TS
Row Name: Pregnant Women
Column Name: Title V Total Served
Year: 2007
Field Note:
Includes reports from county 2005 year end reports, family planning and CSHS programs. Duplication within the individual reports is unlikely, although all counties are not using state supported and linked software. Duplication between FP, CSHS and county reports is possible, as CSHCN may be receiving services through regional clinics and by county services and FP clients may also receive other county services.
2. **Section Number:** Main
Field Name: Children_0_1_TS
Row Name: Infants <1 year of age
Column Name: Title V Total Served
Year: 2007
Field Note:
Reports number of infants screened for NBS from Form 6. During MCHBG review, it was recommended we use this number, as those services are supported by MCHBG. Counties reported providing services to 6,257 infants during the year - since those would be the same infants receiving NBS services, this number was not added.
3. **Section Number:** Main
Field Name: Children_1_22_TS
Row Name: Children 1 to 22 years of age
Column Name: Title V Total Served
Year: 2007
Field Note:
Includes reports from county 2005 year end reports, family planning and CSHS programs. Duplication within the individual reports is unlikely, although all counties are not using state supported and linked software. Duplication between FP, CSHS and county reports is possible, as CSHCN may be receiving services through regional clinics and by county services and FP clients may also receive other county services.
4. **Section Number:** Main
Field Name: CSHCN_TS
Row Name: Children with Special Health Care Needs
Column Name: Title V Total Served
Year: 2007
Field Note:
Includes reports from county 2005 year end reports, family planning and CSHS programs. Duplication within the individual reports is unlikely, although all counties are not using state supported and linked software. Duplication between FP, CSHS and county reports is possible, as CSHCN may be receiving services through regional clinics and by county services and FP clients may also receive other county services.
5. **Section Number:** Main
Field Name: AllOthers_TS
Row Name: Others
Column Name: Title V Total Served
Year: 2007
Field Note:
Includes reports from county 2005 year end reports, family planning and CSHS programs. Duplication within the individual reports is unlikely, although all counties are not using state supported and linked software. Duplication between FP, CSHS and county reports is possible, as CSHCN may be receiving services through regional clinics and by county services and FP clients may also receive other county services.

This number is lower due to fewer counties reporting group encounters.

FORM 8
DELIVERIES AND INFANTS SERVED BY TITLE V AND ENTITLED TO BENEFITS UNDER TITLE
XIX
(BY RACE AND ETHNICITY)
[SEC. 506(A)(2)(C-D)]
STATE: MT

Reporting Year: 2005

I. UNDUPLICATED COUNT BY RACE

| | (A) Total All Races | (B) White | (C) Black or African American | (D) American Indian or Native Alaskan | (E) Asian | (F) Native Hawaiian or Other Pacific Islander | (G) More than one race reported | (H) Other and Unknown |
|---------------------------|---------------------------|--------------|-------------------------------------|---|--------------|---|---------------------------------------|-----------------------------|
| DELIVERIES | | | | | | | | |
| Total Deliveries in State | 11,409 | 9,701 | | 1,466 | | | | 242 |
| Title V Served | 4,596 | 3,908 | | 591 | | | | 97 |
| Eligible for Title XIX | 1,190 | 1,012 | | 153 | | | | 25 |
| INFANTS | | | | | | | | |
| Total Infants in State | 10,780 | 9,118 | 99 | 1,442 | | 109 | 12 | |
| Title V Served | 2,269 | 1,573 | | 369 | | | | 327 |
| Eligible for Title XIX | 2,188 | 1,414 | | 294 | | | | 480 |

II. UNDUPLICATED COUNT BY ETHNICITY

| | | | | HISPANIC OR LATINO (Sub-categories by country or area of origin) | | | | |
|---------------------------|--|------------------------------------|----------------------------------|---|----------------|-----------------------|--|-------------------------------|
| | (A) Total NOT Hispanic or Latino | (B) Total Hispanic or Latino | (C) Ethnicity Not Reported | (B.1) Mexican | (B.2) Cuban | (B.3) Puerto Rican | (B.4) Central and South American | (B.5) Other and Unknown |
| DELIVERIES | | | | | | | | |
| Total Deliveries in State | 11,021 | 388 | 0 | 191 | 5 | 14 | 27 | 151 |
| Title V Served | 4,440 | 156 | | | | | | 156 |
| Eligible for Title XIX | 1,149 | 41 | | | | | | 41 |
| INFANTS | | | | | | | | |
| Total Infants in State | 10,354 | 426 | | | | | | 426 |
| Title V Served | 1,901 | 368 | | | | | | 368 |
| Eligible for Title XIX | 1,962 | 226 | | | | | | 226 |

FORM NOTES FOR FORM 8

None

FIELD LEVEL NOTES

- 1. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTotal_All
Row Name: Total Deliveries in State
Column Name: Total All Races
Year: 2007
Field Note:
Births by race for 2005 were reported by Vital Stats in June 2006. However, only White, NA, and Other was reported and processed for this report.
- 2. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_All
Row Name: Title V Served
Column Name: Total All Races
Year: 2007
Field Note:
The Year-End report for 2005 was used to derive the total number served for Title V. This YER only included MCH-reporting counties.
- 3. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_White
Row Name: Title V Served
Column Name: White
Year: 2007
Field Note:
Vital statistic birth proportions for 2005 were applied to the overall number of Title V deliveries served by the MCH-reporting counties. According to Vital Statistics, approximately 85.03% of all births in Montana were to white women.
- 4. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_Indian
Row Name: Title V Served
Column Name: American Indian or Native American
Year: 2007
Field Note:
Vital statistic birth proportions for 2005 were applied to the overall number of Title V deliveries served by the MCH-reporting counties. According to Vital Statistics, approximately 12.85% of all births in Montana were to Native American women.
- 5. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleV_RaceOther
Row Name: Title V Served
Column Name: Other and Unknown
Year: 2007
Field Note:
Infant children are not reported by specific ethnicity for Title V specifically, therefore the total number is recorded as unknown.
- 6. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_All
Row Name: Eligible for Title XIX
Column Name: Total All Races
Year: 2007
Field Note:
The total eligible for Title XIX was derived from taking the total proportion of pregnant women on Medicaid on Form 7 (25.8%) times the total number of Title V served (n=4596).
- 7. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_White
Row Name: Eligible for Title XIX
Column Name: White
Year: 2007
Field Note:
Using the frequency of 1190 total deliveries eligible for Title XIX and applying the proportions reported by vital stats by race for 2005 births, White women had 1012 deliveries eligible for Title XIX (85.03%).
- 8. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_Indian
Row Name: Eligible for Title XIX
Column Name: American Indian or Native American
Year: 2007
Field Note:
Using the frequency of 1190 total deliveries eligible for Title XIX and applying the proportions reported by vital stats by race for 2005 births, Native American women had 153 deliveries eligible for Title XIX (12.85%).
- 9. Section Number:** I. Unduplicated Count By Race
Field Name: DeliveriesTitleXIX_RaceOther
Row Name: Eligible for Title XIX
Column Name: Other and Unknown
Year: 2007
Field Note:
Using the frequency of 1190 total deliveries eligible for Title XIX and applying the proportions reported by vital stats by race for 2005 births, "other race" women had 25 deliveries eligible for Title XIX (2.12%).
- 10. Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTotal_All
Row Name: Total Infants in State
Column Name: Total All Races
Year: 2007
Field Note:
Numbers were derived from the 2004 Census projections for Montana for kids=1 year of age.
- 11. Section Number:** I. Unduplicated Count By Race
Field Name: InfantsTitleV_All
Row Name: Title V Served
Column Name: Total All Races

Year: 2007

Field Note:

The Year-End report for 2005 was used to derive the total number served for Title V. This YER only included MCH-reporting counties.

12. Section Number: I. Unduplicated Count By Race

Field Name: InfantsTitleV_White

Row Name: Title V Served

Column Name: White

Year: 2007

Field Note:

The 2005 Year-end report numbers for this calculation exceeded 100% due to infants being listed as having more than one race. Due to this fact, the total percentage was calculated then divided into by 100% to achieve a weight of 0.837578, which was then applied to all three races to reduce the percentages to 100%.

13. Section Number: I. Unduplicated Count By Race

Field Name: InfantsTitleV_Indian

Row Name: Title V Served

Column Name: American Indian or Native American

Year: 2007

Field Note:

The 2005 Year-end report numbers for this calculation exceeded 100% due to infants being listed as having more than one race. Due to this fact, the total percentage was calculated then divided into by 100% to achieve a weight of 0.837578, which was then applied to all three races to reduce the percentages to 100%.

14. Section Number: I. Unduplicated Count By Race

Field Name: InfantsTitleV_RaceOther

Row Name: Title V Served

Column Name: Other and Unknown

Year: 2007

Field Note:

Vital statistic birth proportions for 2005 were applied to the overall number of Title V deliveries served by the MCH-reporting counties. According to Vital Statistics, approximately 2.12% of all births in Montana were to "other race" women.

15. Section Number: I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_All

Row Name: Eligible for Title XIX

Column Name: Total All Races

Year: 2007

Field Note:

This number is not necessarily the number eligible for Title XIX. The 2005 number reported is the total number of Title XIX clients served and reported in the Year-End report sent in by the MCH-reporting counties throughout Montana.

16. Section Number: I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_White

Row Name: Eligible for Title XIX

Column Name: White

Year: 2007

Field Note:

The algebraic formula for derivation of this number is as such for 2005:

The total number of White infants reported to have been served (n=3159) times the total number of Title XIX infants reported to have been served (n=2188) for 2005 divided by the total number of infants reported to have been served by MCH-reporting counties (N=4596).

$$\frac{3159 \times}{4596 \times 2188} =$$

However, this calculation still put the frequency for each reported race slightly above the true number of Title XIX visits by 270, therefore, equal division amongst the three subpopulations by 90 reduced the number to the appropriate number of Title XIX infants served for 2005.

17. Section Number: I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_Indian

Row Name: Eligible for Title XIX

Column Name: American Indian or Native American

Year: 2007

Field Note:

The algebraic formula for derivation of this number is as such for 2005:

The total number of American Indian infants reported to have been served (n=806) times the total number of Title XIX infants reported to have been served (n=2188) for 2005 divided by the total number of infants reported to have been served by MCH-reporting counties (N=4596).

$$\frac{806 \times}{4596 \times 2188} =$$

However, this calculation still put the frequency for each reported race slightly above the true number of Title XIX visits by 270, therefore, equal division amongst the three subpopulations by 90 reduced the number to the appropriate number of Title XIX infants served for 2005.

18. Section Number: I. Unduplicated Count By Race

Field Name: InfantsTitleXIX_RaceOther

Row Name: Eligible for Title XIX

Column Name: Other and Unknown

Year: 2007

Field Note:

The algebraic formula for derivation of this number is as such for 2005:

The total number of Other Race infants reported to have been served (n=1198) times the total number of Title XIX infants reported to have been served (n=2188) for 2005 divided by the total number of infants reported to have been served by MCH-reporting counties (N=4596).

$$\frac{1198 \times}{4596 \times 2188} =$$

However, this calculation still put the frequency for each reported race slightly above the true number of Title XIX visits by 270, therefore, equal division amongst the three subpopulations by 90 reduced the number to the appropriate number of Title XIX infants served for 2005.

19. Section Number: II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_TotalNotHispanic

Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2007

Field Note:

This number was derived from minusing 41 Hispanic from the total number of Title XIX women served in 2005.

20. Section Number: II. Unduplicated Count by Ethnicity

Field Name: DeliveriesTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2007

Field Note:

Applied 3.40% (vital stat proportion for hispanic) to the total number of eligible Title XIX women

21. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTotal_EthnicityOther

Row Name: Total Infants in State

Column Name: Other and Unknown

Year: 2007

Field Note:

Infant children are not reported by specific ethnicity, therefore the total number is recorded as unknown.

22. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_TotalNotHispanic

Row Name: Title V Served

Column Name: Total Not Hispanic or Latino

Year: 2007

Field Note:

This number was derived by subtracting the number of known Title V hispanic women from the total number of Title V women reportedly served.

23. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleV_EthnicityOther

Row Name: Title V Served

Column Name: Other and Unknown

Year: 2007

Field Note:

Infant children are not reported by specific ethnicity, therefore the total number is recorded as unknown.

24. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalNotHispanic

Row Name: Eligible for Title XIX

Column Name: Total Not Hispanic or Latino

Year: 2007

Field Note:

This number was derived from minusing 226 Hispanic from the total number of Title XIX women served in 2005.

25. Section Number: II. Unduplicated Count by Ethnicity

Field Name: InfantsTitleXIX_TotalHispanic

Row Name: Eligible for Title XIX

Column Name: Total Hispanic or Latino

Year: 2007

Field Note:

The algebraic formula for derivation of this number is as such for 2005:

The total number of Hispanic women served (n=475) times the total number of Title XIX women reported to have been served (n=2188) for 2005 divided by the total number of women served by MCH-reporting counties (N=4596).

$$\frac{475 \times 2188}{4596} = \frac{1039300}{4596}$$

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MT

| | FY 2007 | FY 2006 | FY 2005 | FY 2004 | FY 2003 |
|--|----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. State MCH Toll-Free "Hotline" Telephone Number | <u>8,875,437,669</u> | <u>(887) 543-7669</u> | <u>(887) 543-7669</u> | <u>(887) 543-7669</u> | <u>(887) 543-7669</u> |
| 2. State MCH Toll-Free "Hotline" Name | Family Health Line | Family Health Line | Family Health Line | Family Health Line | Family Health Line |
| 3. Name of Contact Person for State MCH "Hotline" | <u>Jackie Forba</u> | <u>Jackie Forba</u> | <u>Mary Noel</u> | <u>Mary Noel</u> | <u>Mary Noel</u> |
| 4. Contact Person's Telephone Number | <u>4,064,445,288</u> | <u>(406) 444-5288</u> | <u>(406) 444-6992</u> | <u>(406) 444-6992</u> | <u>(406) 444-6992</u> |
| 5. Number of calls received on the State MCH "Hotline" this reporting period | <u>0</u> | <u>0</u> | <u>15,732</u> | <u>12,390</u> | <u>12,396</u> |

FORM 9
STATE MCH TOLL-FREE TELEPHONE LINE DATA FORM (OPTIONAL)
[SECS. 505(A)(E) AND 509(A)(8)]
STATE: MT

| | FY 2007 | FY 2006 | FY 2005 | FY 2004 | FY 2003 |
|--|----------------|----------------|----------------|----------------|----------------|
| 1. State MCH Toll-Free "Hotline" Telephone Number | <u></u> | <u></u> | <u></u> | <u></u> | <u></u> |
| 2. State MCH Toll-Free "Hotline" Name | | | | | |
| 3. Name of Contact Person for State MCH "Hotline" | <u></u> | <u></u> | <u></u> | <u></u> | <u></u> |
| 4. Contact Person's Telephone Number | <u></u> | <u></u> | <u></u> | <u></u> | <u></u> |
| 5. Number of calls received on the State MCH "Hotline" this reporting period | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> |

FORM NOTES FOR FORM 9

None

FIELD LEVEL NOTES

1. **Section Number:** Main
Field Name: calls_2
Row Name: Number of calls received On the State MCH Hotline This reporting period
Column Name: FY
Year: 2005
Field Note:
As reported from Tonia Simon via Jackie Forba on 7/10/06. These calls include those seeking assistance for services, including CHIP, CSHS and others.

FORM 10
TITLE V MATERNAL & CHILD HEALTH SERVICES BLOCK GRANT
STATE PROFILE FOR FY 2007
[SEC. 506(A)(1)]
STATE: MT

1. State MCH Administration:
(max 2500 characters)

Title V supports services for the MCH populations in Montana. Services and contracts are administered by the Family and Community Health Bureau in the Public Health and Safety Division of Montana's Department of Public Health and Human Services. These programs work in conjunction with private and public programs to promote the health of the MCH population, including infants, children, including those with special health care needs, adolescents, women of childbearing age, including pregnant women and their families.

Block Grant Funds

| | |
|--|---------------------|
| 2. Federal Allocation (Line 1, Form 2) | \$ 2,462,222 |
| 3. Unobligated balance (Line 2, Form 2) | \$ 0 |
| 4. State Funds (Line 3, Form 2) | \$ 1,440,467 |
| 5. Local MCH Funds (Line 4, Form 2) | \$ 3,165,000 |
| 6. Other Funds (Line 5, Form 2) | \$ 0 |
| 7. Program Income (Line 6, Form 2) | \$ 743,094 |
| 8. Total Federal-State Partnership (Line 8, Form 2) | \$ 7,810,783 |

9. Most significant providers receiving MCH funds:

| |
|-----------------------------|
| Local Health Departments |
| Regional Speciality clinics |
| |
| |

10. Individuals served by the Title V Program (Col. A, Form 7)

| | |
|-------------------------------|--------|
| a. Pregnant Women | 4,154 |
| b. Infants < 1 year old | 11,457 |
| c. Children 1 to 22 years old | 33,340 |
| d. CSHCN | 4,264 |
| e. Others | 21,544 |

11. Statewide Initiatives and Partnerships:

a. Direct Medical Care and Enabling Services:
(max 2500 characters)

Direct medical care includes payment for services for children with special health care needs who are not covered by other means, regional speciality clinics, and limited direct pay of services at a local contract level. Enabling services include public health home visiting services for high risk pregnant women and infants through county and tribal contract agencies

b. Population-Based Services:
(max 2500 characters)

Populations based services include newborn metabolic and hearing screening, oral health services and public education efforts including efforts to decrease the incidence of unintended pregnancies, improving pregnancy outcomes, and breastfeeding.

c. Infrastructure Building Services:
(max 2500 characters)

Contracts for MCH Services with county health departments accounts for approximately 43% of the total state MCHBG award. State level infrastructure has continued to be diversified, with MCHBG supported staff working to obtain alternative funding sources to support projects, staff and programs which address MCH goals and performance measures.

12. The primary Title V Program contact person:

13. The children with special health care needs (CSHCN) contact person:

| | |
|---------|---|
| Name | Jo Ann Walsh Dotson RN MSN |
| Title | Chief, Family & Community Health Bureau |
| Address | 1218 E. 6th Ave |
| City | Helena |
| State | MT |
| Zip | 59620-2951 |
| Phone | 406-444-4743 |
| Fax | 406-444-1861 |

| | |
|---------|---|
| Name | Mary Runkel RN MSN |
| Title | Supervisor, Childrens Special Health Services |
| Address | 1218 E. 6th Ave |
| City | Helena |
| State | MT |
| Zip | 59620-2951 |
| Phone | 406-444-3617 |
| Fax | 406-444-2750 |

Email mrunkel@mt.gov

Web _____

FORM NOTES FOR FORM 10

None

FIELD LEVEL NOTES

None

FORM 11
TRACKING PERFORMANCE MEASURES
[SECS 485 (2)(2)(B)(III) AND 486 (A)(2)(A)(III)]
STATE: MT

Form Level Notes for Form 11

None

PERFORMANCE MEASURE # 01

The percent of screen positive newborns who received timely follow up to definitive diagnosis and clinical management for condition(s) mandated by their State-sponsored newborn screening programs.

| Annual Objective and Performance Data | | | | |
|---------------------------------------|------|-------|-------|-------|
| | 2001 | 2002 | 2003 | 2004 |
| Annual Performance Objective | | 99.9 | 99.9 | 100 |
| Annual Indicator | | 100.0 | 100.0 | 100.0 |
| Numerator | | 6 | 4 | 2 |
| Denominator | | 6 | 4 | 2 |
| Is the Data Provisional or Final? | | | | Final |

| Annual Objective and Performance Data | | | | |
|---------------------------------------|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 |
| Annual Performance Objective | 100 | 100 | 100 | 100 |
| Annual Indicator | | | | |
| Numerator | | | | |
| Denominator | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2005

Field Note:

Two confirmed cases of PKU were referred for case management and primary care provider consultation to a contracted pediatric specialist of The Children's Hospital in Denver, Colorado. An additional initial positive PKU came from a postmortem test on a deceased newborn. No potential or confirmed cases of galactosemia occurred in 2005. Staff in the Children's Special Health Services section do direct follow-up with the contracted pediatric specialist for PKU and GALT positive results to ensure that appropriate consultation is provided for the affected baby's primary care physician and dietary management by the family.

2. Section Number: Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2004

Field Note:

Two cases of galactosemia were referred for case management by nurse consultants in Children's Special Health Services.

Mandatory tests in MT = PKU, Galactosemia, Congenital Hypothyroidism, hemoglobinopathies. Optional tests available = Cystic Fibrosis,

· Congenital Adrenal Hyperplasia , Biotinidase Deficiency* ,· Acylcarnitine Profile*

Fatty Acid Oxidation Disorders

§ Medium Chain Acyl-CoA Dehydrogenase Deficiency

§ 3-Hydroxyacyl CoA Dehydrogenase Deficiency

§ Very Long Chain Acyl-CoA Dehydrogenase Deficiency

§ Short Chain Acyl-CoA Dehydrogenase Deficiency

§ Carnitine Palmitoyltransferase Deficiency

§ Glutaric Acidemia Type II

§ 2,4 Dienoyl-CoA Reductase Deficiency

§ Trifunctional Protein

§ Isobutyryl-CoA Dehydrogenase Deficiency

§ Short Chain Hydroxy Acyl-CoA Dehydrogenase Deficiency

§ Carnitine Translocase Deficiency

§ Carnitine Uptake Deficiency

o Organic Acidemia Disorders

§ Glutaryl CoA Dehydrogenase Deficiency Type I

§ Propionyl CoA Carboxylase Deficiency

§ Methylmalonic Acidemia (mutase, Cbl A and Cbl B, Cbl C and Cbl D)

§ Isovaleryl CoA Dehydrogenase

§ 3-Methylcrotonyl CoA Carboxylase Deficiency

§ Mitochondrial Acetoacetyl CoA Thiolase Deficiency

§ 3-Hydroxy-3-Methylglutaryl-CoA Lyase Deficiency

§ Malonic Acidemia

§ 3-Methylglutaconyl CoA Hydratase Deficiency

§ Medium Chain Hydroxy Acyl-CoA Dehydrogenase Deficiency

§ Medium Chain 3-Ketoacyl-CoA Thiolase Deficiency

§ 2-Methylbutyryl CoA Dehydrogenase Deficiency

§ Multiple Carboxylase Deficiency

§ 2-Methyl-3-Hydroxybutyryl CoA Dehydrogenase

· Aminoacidopathies* (tested by Tandem Mass Spectrometry - MS/MS) (CPT code: 82136, cost \$4.25)

o Maple Syrup Urine Disease

o Homocystinuria

- o Citrullinemia
- o Argininosuccinic Acidemia
- Tyrosinemia (type I, II, III)

3. **Section Number:** Performance Measure #1

Field Name: PM01

Row Name:

Column Name:

Year: 2003

Field Note:

Prior year data used incorrect denominator and numerator -- was reporting total births and total screened, which is NOT what was required here.

PERFORMANCE MEASURE # 02

The percent of children with special health care needs age 0 to 18 years whose families partner in decision making at all levels and are satisfied with the services they receive. (CSHCN survey)

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|------|------|------|-------|-------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 0 | 0 | 54.2 | 54.5 | 55 |
| Annual Indicator | NaN | 54.0 | 54.0 | 54.0 | 54.0 |
| Numerator | 0 | 188 | 188 | 188 | 188 |
| Denominator | 0 | 348 | 348 | 348 | 348 |
| Is the Data Provisional or Final? | | | | Final | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|---|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 55.3 | 55.6 | 55.6 | 55.6 | 55.6 |
| Annual Indicator | | | | | |
| Numerator | Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data. | | | | |
| Denominator | | | | | |

Field Level Notes**1. Section Number:** Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data reported in 2005 are pre-populated with the data from 2004 for this performance measure.

A sample of parents representing multiple regional pediatric specialty clinics were surveyed at the Regional Pediatric Specialty Clinics in Billings and Missoula. The surveys are not identical but represent parent satisfaction. All respondents reported a satisfaction rating of over 91%. Goal for 2006 is 93% with a standard survey tool developed by clinic site, CSHS, and parents.

2. Section Number: Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2004**Field Note:**

Reporting on this performance measure is unchanged. Ongoing client satisfaction surveys are conducted at Pediatric Specialty Clinics. The Billings regional clinic site reports a 98.19% satisfaction rating on being involved in decisions and being listened to during clinic visits. This sample is small and therefore not representative of the cshcn population in general. This number will be modified in 2005 to represent a larger sampling of cshcn clients.

3. Section Number: Performance Measure #2**Field Name:** PM02**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 03

The percent of children with special health care needs age 0 to 18 who receive coordinated, ongoing, comprehensive care within a medical home. (CSHCN Survey)

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|------|------|------|-------|-------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 0 | | 52 | 52.2 | 60.2 |
| Annual Indicator | NaN | 51.7 | 51.7 | 51.7 | 51.7 |
| Numerator | 0 | 361 | 361 | 361 | 361 |
| Denominator | 0 | 698 | 698 | 698 | 698 |
| Is the Data Provisional or Final? | | | | Final | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|------|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 52.6 | 52.8 | 53 | 53.2 | 53.4 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2005**Field Note:**

In 2004, number was calculated on 12.8% of population under age 18 x CSHS program data for CSHCN with medical home. For 2005 reporting, CSHS is maintaining the reporting of national survey data for continuity purposes. Program data on Primary Care Providers among the CSHCN population is reported in narrative section.

CSHS continues to emphasize coordination of care between pediatric specialty clinics and primary care providers. With the addition of the 3rd Regional Pediatric Specialty Clinic Site in 2006, this number is expected to grow. Continued education of primary care providers through staff attendance at the Montana Academy of Pediatrics annual meeting and other onsite visits are also expected to support this PM.

Following the MCHBG review, the targets for 2006 - 2010 were reset to more realistically reflect the data source being used.

2. Section Number: Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2004**Field Note:**

Number is calculated on 12.8% of population under age 18 x CSHS program information for CSHCN with medical home.

With the continued focus on coordination of care within the medical home by programs such as Early Periodic Screening Diagnostic Treatment, this number is expected to continue to increase.

3. Section Number: Performance Measure #3**Field Name:** PM03**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 04

The percent of children with special health care needs age 0 to 18 whose families have adequate private and/or public insurance to pay for the services they need. (CSHCN Survey)

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|------|------|------|-------|-------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 0 | 0 | 50 | 50.3 | 78.5 |
| Annual Indicator | NaN | 48.8 | 48.8 | 48.8 | 48.8 |
| Numerator | 0 | 350 | 350 | 350 | 350 |
| Denominator | 0 | 717 | 717 | 717 | 717 |
| Is the Data Provisional or Final? | | | | Final | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|---|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 50.4 | 50.5 | 50.6 | 50.7 | 50.8 |
| Annual Indicator | | | | | |
| Numerator | Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data. | | | | |
| Denominator | | | | | |

Field Level Notes**1. Section Number:** Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2005**Field Note:**

These data are from the National CSHCN Survey results. Verification of specific benefit plan coverage is not addressed. Children's Special Health Services (CSHS) continues to work to improve adequacy of coverage through partnerships with Montana Medicaid, CHIP, and other insurance companies.

MCHBG reviewers noted the 78.5 target was very high. Note subsequent year targets had been made prior to initial MCHBG submission.

2. Section Number: Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data are from the National CSHCN Survey results.

3. Section Number: Performance Measure #4**Field Name:** PM04**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 05

Percent of children with special health care needs age 0 to 18 whose families report the community-based service systems are organized so they can use them easily. (CSHCN Survey)

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|------|------|------|-------|-------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 0 | 0 | 71.9 | 72.2 | 72.4 |
| Annual Indicator | NaN | 71.6 | 71.6 | 71.6 | 71.6 |
| Numerator | 0 | 250 | 250 | 250 | 250 |
| Denominator | 0 | 349 | 349 | 349 | 349 |
| Is the Data Provisional or Final? | | | | Final | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|---|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 72.6 | 72.8 | 72.8 | 72.8 | 72.9 |
| Annual Indicator | | | | | |
| Numerator | Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data. | | | | |
| Denominator | | | | | |

Field Level Notes**1. Section Number:** Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2005**Field Note:**

For 2005 reporting, CSHS is maintaining the reporting of national survey data for continuity purposes.

Initial steps in the development of the 3rd Regional Pediatric Specialty Clinic were taken. Funding to contract with a community provider was available January of 2006. This 3rd site will provide regional access across Montana, thus assuring families of easier access to special care and coordination of follow-up at the community level. Standardized parent satisfaction surveys will be developed and conducted at this site.

2. Section Number: Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2004**Field Note:**

The data reported in 2004 are pre-populated with the data from 2003 for this performance measure.

3. Section Number: Performance Measure #5**Field Name:** PM05**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 06

The percentage of youth with special health care needs who received the services necessary to make transitions to all aspects of adult life, including adult health care, work, and independence.

| Annual Objective and Performance Data | | | | | |
|---------------------------------------|------|------|------|-------|-------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | | | 6 | 6.5 | 6 |
| Annual Indicator | | 5.4 | 5.4 | 5.4 | 5.4 |
| Numerator | | 8 | 8 | 8 | 8 |
| Denominator | | 147 | 147 | 147 | 147 |
| Is the Data Provisional or Final? | | | | Final | Final |

| Annual Objective and Performance Data | | | | | |
|---------------------------------------|------|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 6 | 6.5 | 6.5 | 7 | 7 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2005**Field Note:**

No change has been made in the data from previous year.

Transition issues are addressed for all youth aging out of Regional Pediatric Specialty Clinics services and CSHS addresses transition of health care for youth aging out of the CSHS financial assistance program.

During the 2004-2005 school year 944 students graduated from regular high school with an active IEP, which is required to contain transition information. The degree of health transition information included in IEP's is undefined. CSHS plans to work with OPI and other community and state agencies to determine how best to participate in inclusive transition planning.

Targets reviewed - no change made.

2. Section Number: Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2004**Field Note:**

No change has been made in the data from the previous year.

The TA was requested. Transition issues are continually discussed on a provider to family basis regarding the appropriate developmental stages. CSHS has established a collaborative relationship with the Office of Public Instruction and Vocational Rehabilitation with a goal of exploring how this information might be obtained and how to improve transition services.

3. Section Number: Performance Measure #6**Field Name:** PM06**Row Name:****Column Name:****Year:** 2003**Field Note:**

The data reported in 2002 have pre-populated the data for 2003 for this performance measure.

PERFORMANCE MEASURE # 07

Percent of 19 to 35 month olds who have received full schedule of age appropriate immunizations against Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, and Hepatitis B.

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|--------|-------|-------|-------|-------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 90 | 90 | 90 | 90 | 91 |
| Annual Indicator | 91.6 | 90.7 | 89.7 | 90.9 | 91.9 |
| Numerator | 9,809 | 2,610 | 2,440 | 2,603 | 2,568 |
| Denominator | 10,709 | 2,878 | 2,721 | 2,864 | 2,793 |
| Is the Data Provisional or Final? | | | | Final | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|---|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 80 | 80 | 80 | 80 | 80 |
| Annual Indicator | | | | | |
| Numerator | Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data. | | | | |
| Denominator | | | | | |

Field Level Notes**1. Section Number:** Performance Measure #7**Field Name:** PM07**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data for this performance measure are collected using an immunization survey, which samples public and private immunization providers throughout the state. The data were collected from 53 of the 56 counties, including Tribal and IHS clinics, and represent 25% of the birth cohort. The survey only collects data on children ages 24-35 months. The policy of the Montana immunization program is to only consider children to be late in receiving all age-appropriate vaccinations when they have reached 24 months. While they do evaluate coverage at 19 months, they only assess actual coverage and lack of coverage among 24 month-olds and older.

The state recently implemented an electronic immunization registry. This registry is expected to provide population-level data on Montana's immunization rates within the next several years as reporting improves and links with vital statistics data are developed.

The numerator represents the number of children assessed by the survey who were appropriately immunized. The denominator represents the number of children assessed.

The immunization rate refers to the series combination of 4 DTaP: 3 Polio: 3 Hib: 1 MMR: 3 Hep B. For 2005, the 4:3:3:1:3 rate was 91.9%, exceeding our objective.

During the next year, varicella will be added to the required vaccine regimen. Because of this change, the immunization rate is expected to drop, then gradually increase as varicella vaccination rates increase.

PERFORMANCE MEASURE # 08

The rate of birth (per 1,000) for teenagers aged 15 through 17 years.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|--|--------|--------|--------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 19 | 19 | 18.5 | 18 | 15 |
| Annual Indicator | 17.6 | 17.4 | 15.4 | 9.8 | 9.7 |
| Numerator | 377 | 373 | 330 | 349 | 347 |
| Denominator | 21,378 | 21,378 | 21,378 | 35,744 | 35,744 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|--|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 9.6 | 9.6 | 9.5 | 9.5 | 9.3 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2005**Field Note:**

Denominator data came from the 2004 Census Population estimates for 15 to 17 year old girls in Montana.

2. Section Number: Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2004**Field Note:**

Denominator data came from the 2004 Census Population estimates for 15 to 17 year old girls in Montana.

3. Section Number: Performance Measure #8**Field Name:** PM08**Row Name:****Column Name:****Year:** 2003**Field Note:**

Denominator data is of an unknown source.

PERFORMANCE MEASURE # 09

Percent of third grade children who have received protective sealants on at least one permanent molar tooth.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|--|--------|--------|--------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 39 | 40 | 41 | 42 | 40 |
| Annual Indicator | 2.0 | 5.2 | 13.0 | 41.6 | 33.2 |
| Numerator | 258 | 668 | 1,683 | 4,283 | 3,413 |
| Denominator | 12,907 | 12,907 | 12,907 | 10,295 | 10,295 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|--|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 40 | 40 | 40 | 40 | 40 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2005**Field Note:**

For 2004 estimates, oral health convenience data was utilized. Prior to 2004, estimates were derived from Medicaid data only. For 2005 estimates, a random oral health sample was collected. Data percentages extracted from the random sample were utilized to extrapolate the numerator applicable for this measurement, as the random sample was only a proportion of the target population.

2. Section Number: Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2004**Field Note:**

Sealant assessment for 2004 was evaluated via convenience sampling of volunteer schools throughout the state. The rate is calculated using a crude prevalence with weights calculated and applied based on regional 3rd grader population totals obtained from the Office of Public Instruction (OPI). However, when the data was regionally stratified and weights were applied by region, 2004 weighted data contained an outlying region over two standard deviations from the mean, causing significant skewness of the results (with over a 10% difference). Therefore, the calculation reported here contains only 4 regions, as the outlier region was purposefully extracted from the dataset.

3. Section Number: Performance Measure #9**Field Name:** PM09**Row Name:****Column Name:****Year:** 2003**Field Note:**

The numerator and denominator data for this NPM have been changed for all years to reflect the correct number of third grade children who have received protective sealants on at least one permanent molar tooth in relationship to the US Census counts of the entire population of Montana 8 year olds.

PERFORMANCE MEASURE # 10

The rate of deaths to children aged 14 years and younger caused by motor vehicle crashes per 100,000 children.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|--|---------|---------|---------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 4.9 | 4.8 | 4.7 | 4.6 | 4.5 |
| Annual Indicator | 5.9 | 5.4 | 4.3 | 5.8 | 5.8 |
| Numerator | 11 | 10 | 8 | 10 | 10 |
| Denominator | 186,130 | 186,130 | 186,130 | 172,126 | 172,126 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|--|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 4.4 | 4.3 | 4.2 | 4.1 | 4 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2005**Field Note:**

Denominator data came from the 2004 Census Population estimates for children ages 0 to 14 years of age in Montana. Numerator data came from vital stats.

Despite the disparity between the indicator and objective, Montana is retaining the aggressive objective for this PM.

2. Section Number: Performance Measure #10**Field Name:** PM10**Row Name:****Column Name:****Year:** 2004**Field Note:**

Denominator data came from the 2004 Census Population estimates for children ages 0 to 14 years of age in Montana. Numerator data came from vital stats.

PERFORMANCE MEASURE # 11

The percent of mothers who breastfeed their infants at 6 months of age.

| Annual Objective and Performance Data | | | | | |
|---------------------------------------|------|------|------|------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | | | | | |
| Annual Indicator | | | | | 25.9 |
| Numerator | | | | | 3,184 |
| Denominator | | | | | 12,283 |
| Is the Data Provisional or Final? | | | | | Provisional |

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|------|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 26 | 27 | 27 | 28 | 28 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #11

Field Name: PM11

Row Name:

Column Name:

Year: 2005

Field Note:

These data are from the WIC program, which provides the best estimate of breastfeeding rates among mothers in Montana. The denominator includes all children under two years of age enrolled in WIC during 2005. The numerator reflects all children enrolled in WIC whose mothers reported breastfeeding them at 6 months of age.

For a historical perspective on this performance measure, see state performance measure 3.

PERFORMANCE MEASURE RETIRED 11

Percentage of mothers who breastfeed their infants at hospital discharge.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|--|--------|--------|-------------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 71 | 72 | 73 | 74 | 74.5 |
| Annual Indicator | 87.2 | 70.2 | 70.9 | 74.0 | 73.0 |
| Numerator | 9,532 | 9,705 | 9,755 | 8,486 | 8,968 |
| Denominator | 10,934 | 13,823 | 13,759 | 11,464 | 12,283 |
| Is the Data Provisional or Final? | | | | Provisional | Provisional |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|--|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 75 | 75.5 | 76 | 77.1 | |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Old Performance Measure #11

Field Name: PM11R07**Row Name:****Column Name:****Year:** 2005**Field Note:**

Total number of children under aged two enrolled in WIC is the denominator. Number infants enrolled in WIC whose mothers report ever breastfeeding is numerator.

2. **Section Number:** Old Performance Measure #11

Field Name: PM11R07**Row Name:****Column Name:****Year:** 2004**Field Note:**

Total number of WIC children under aged two is denominator

Number of WIC infants ever breastfed is numerator

PERFORMANCE MEASURE # 12

Percentage of newborns who have been screened for hearing before hospital discharge.

| Annual Objective and Performance Data | | | | | |
|---------------------------------------|--------|--------|--------|--------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 80 | 98 | 98 | 98 | 98 |
| Annual Indicator | 83.3 | 90.1 | 90.0 | 92.8 | 87.9 |
| Numerator | 9,111 | 9,810 | 10,144 | 10,563 | 10,157 |
| Denominator | 10,935 | 10,886 | 11,276 | 11,378 | 11,551 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|-----------|-----------|-----------|-----------|-----------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | <u>92</u> | <u>92</u> | <u>92</u> | <u>92</u> | <u>92</u> |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #12

Field Name: PM12

Row Name:

Column Name:

Year: 2005

Field Note:

Preliminary birth cohort for Montana in calendar year 2005 is 11,551.

Reset the objectives for 2006 to 2010 to address the issue of early discharge which impacts testing.

PERFORMANCE MEASURE # 13

Percent of children without health insurance.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|--|---------|---------|---------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 11 | 17 | 16 | 16 | 9 |
| Annual Indicator | 18.0 | 17.0 | 17.0 | 17.0 | 17.0 |
| Numerator | 46,340 | 39,207 | 38,755 | 38,755 | 38,755 |
| Denominator | 257,440 | 230,630 | 227,972 | 227,972 | 227,972 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|--|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 16 | 16 | 15 | 15 | 15 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2005**Field Note:**

The numerator for this performance measure is based on the 2003 Montana Household Survey, which asked about insurance among youth ages 18 years and younger. The survey results indicated that 17% of Montana's children were uninsured. Montana's CHIP program uses this survey as its estimate of uninsured children in the state. The denominator is the 2003 census estimate for children 18 years of age and younger.

The Current Population Survey, conducted by the US Census Bureau, is an alternative source of information for this performance measure. In 2005, it estimated that 19.5% of children 0-17 in Montana were without health insurance coverage. However, the number of households surveyed (78,000 nationwide) is small and so this survey is used only as a comparison.

The target of 9 for 2005 was unrealistic and was reset prior to MCHBG initial submission.

2. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2004**Field Note:**

The numerator for this performance measure is based on the 2003 Montana Household Survey, which asked about insurance among youth ages 18 years and younger. The survey results indicated that 17% of Montana's children were uninsured. Montana's CHIP program uses this survey as its estimate of uninsured children in the state. The denominator is the 2003 census estimate for children 18 years of age and younger.

3. Section Number: Performance Measure #13**Field Name:** PM13**Row Name:****Column Name:****Year:** 2003**Field Note:**

The numerator for this performance measure is based on the 2003 Montana Household Survey, which asked about insurance among youth ages 18 years and younger. The survey results indicated that 17% of Montana's children were uninsured. Montana's CHIP program uses this survey as its estimate of uninsured children in the state. The denominator is the 2003 census estimate for children 18 years of age and younger.

PERFORMANCE MEASURE # 14

Percentage of children, ages 2 to 5 years, receiving WIC services with a Body Mass Index (BMI) at or above the 85th percentile.

| Annual Objective and Performance Data | | | | | |
|---------------------------------------|------|------|------|------|--------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | | | | | |
| Annual Indicator | | | | | 26.6 |
| Numerator | | | | | 3,447 |
| Denominator | | | | | 12,936 |
| Is the Data Provisional or Final? | | | | | Final |

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|---|-----------|-----------|-----------|-----------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | <u>25</u> | <u>25</u> | <u>24</u> | <u>23</u> | <u>22</u> |
| Annual Indicator | Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data. | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes1. **Section Number:** Performance Measure #14**Field Name:** PM14**Row Name:****Column Name:****Year:** 2005**Field Note:**

The reported denominator includes all children ages 2-5 enrolled in WIC during 2005. The numerator reflects all children with risk codes 16 and 17.

PERFORMANCE MEASURE # 15

Percentage of women who smoke in the last three months of pregnancy.

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|------|------|------|------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | | | | | |
| Annual Indicator | | | | | 15.9 |
| Numerator | | | | | 1,668 |
| Denominator | | | | | 10,509 |
| Is the Data Provisional or Final? | | | | | Provisional |

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|------|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 15 | 15 | 14 | 14 | 13 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #15

Field Name: PM15

Row Name:

Column Name:

Year: 2005

Field Note:

The numerator and denominator came from the 2002 PRAMS data collected from mothers in a Point In Time (PIT) state sample. This is all the data we have on mothers during the last three months of pregnancy. Vital stats data does not contain cigarette smoking by trimester of pregnancy.

PERFORMANCE MEASURE # 16

The rate (per 100,000) of suicide deaths among youths aged 15 through 19.

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|--------|--------|--------|--------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 11.8 | 11 | 10.2 | 9.5 | 10 |
| Annual Indicator | 12.6 | 14.0 | 16.9 | 16.7 | 25.1 |
| Numerator | 9 | 10 | 12 | 12 | 18 |
| Denominator | 71,310 | 71,310 | 71,149 | 71,834 | 71,834 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|------|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 10 | 10 | 9 | 9 | 9 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2005**Field Note:**

Denominator data was derived from 2004 Census estimates for Montana children ages 15 to 19 years of age. Numerator data was derived from Vital stats in 2006.

Despite the disparity between objective and indicator, Montana is retaining this objective. Two youth suicide projects, funded in part by federal grants, began in late 2005/2006.

2. Section Number: Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2004**Field Note:**

Denominator data was derived from 2004 Census estimates for Montana children ages 15 to 19 years of age. Numerator data was updated from Vital stats in 2006.

3. Section Number: Performance Measure #16**Field Name:** PM16**Row Name:****Column Name:****Year:** 2003**Field Note:**

Death information is NOT AVAILABLE from our Office of Vital Statistics at this time. A data system upgrade data conversion process resulted in loss of death statistics for 2003. These data will be updated in next year's MCHBG Report submission.

PERFORMANCE MEASURE # 17

Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|--|------|------|-------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 85 | 86 | 86.5 | 90 | 90 |
| Annual Indicator | 88.8 | 75.8 | 88.7 | 78.7 | 77.2 |
| Numerator | 111 | 91 | 102 | 100 | 88 |
| Denominator | 125 | 120 | 115 | 127 | 114 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|--|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 91 | 91 | 92 | 92 | 93 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #17

Field Name: PM17

Row Name:

Column Name:

Year: 2004

Field Note:

Trend analysis from 2000 to 2004 indicated an actual decrease in the percent of very low birth weight deliveries, with a 2010 projection of 75.12%. Projections were reset to accommodate for that downward trend in deliveries.

PERFORMANCE MEASURE # 18

Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|--|--------|--------|--------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 84 | 84.5 | 85 | 85.5 | 86 |
| Annual Indicator | 82.5 | 83.3 | 84.1 | 82.6 | 83.5 |
| Numerator | 8,922 | 9,067 | 9,571 | 9,513 | 9,528 |
| Denominator | 10,814 | 10,886 | 11,384 | 11,514 | 11,414 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|--|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 85.4 | 85.9 | 86.4 | 86.9 | 87.4 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Performance Measure #18

Field Name: PM18

Row Name:

Column Name:

Year: 2004

Field Note:

Trend analysis was completed for this measurement.

STATE PERFORMANCE MEASURE # 1

Percent of unintended pregnancy.

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|-------|-------|-------|-------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 50% | 52 | 54 | 52 | 63 |
| Annual Indicator | 59.3 | 64.8 | 66.1 | 64.6 | 64.0 |
| Numerator | 1,159 | 1,261 | 1,189 | 1,200 | 1,251 |
| Denominator | 1,953 | 1,946 | 1,799 | 1,858 | 1,955 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|------|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 62 | 62 | 61 | 61 | 60 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #1

Field Name: SM1**Row Name:****Column Name:****Year:** 2005**Field Note:**

The denominator is total Title X clinic clients. The numerator is the total of these clients with unintended pregnancies.

2. **Section Number:** State Performance Measure #1

Field Name: SM1**Row Name:****Column Name:****Year:** 2004**Field Note:**

The denominator is total Title X clinic clients. The numerator is the total of these clients with unintended pregnancies. 2009 Revised trend would be 60.6. We recognize challenges with decreasing this unintended rate, which is impacted by factors other than health care access.

3. **Section Number:** State Performance Measure #1

Field Name: SM1**Row Name:****Column Name:****Year:** 2003**Field Note:**

The denominator is total Title X clinic clients. The numerator is the total of these clients with unintended pregnancies.

STATE PERFORMANCE MEASURE # 2

Percent of women who abstain from alcohol use in pregnancy.

| Annual Objective and Performance Data | | | | | |
|---------------------------------------|--------|--------|--------|--------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 98% | 98 | 98 | 98 | 98 |
| Annual Indicator | 98.3 | 96.9 | 97.2 | 97.0 | 97.0 |
| Numerator | 10,668 | 10,552 | 10,959 | 11,203 | 11,122 |
| Denominator | 10,857 | 10,886 | 11,276 | 11,554 | 11,468 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| Annual Objective and Performance Data | | | | | |
|---------------------------------------|------|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 98.3 | 98.5 | 98.6 | 98.7 | 98.9 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #2

Field Name: SM2

Row Name:

Column Name:

Year: 2005

Field Note:

The numerator for 2004 and 2005 was generated from vital records by including the number of women delivering live births and not drinking alcohol plus the number of women experiencing fetal deaths and not drinking alcohol. Denominator data was all women either experiencing a live birth or a fetal death for the years in question. Vital records data on alcohol use in pregnancy is based on self-report and therefore is probably an underestimation of the actual incidence.

STATE PERFORMANCE MEASURE # 3

Percent of "WIC" infants who are breastfed at six months.

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|--------|--------|--------|-------------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 41% | 42 | 43 | 44 | 45 |
| Annual Indicator | 33.6 | 25.7 | 31.8 | 25.7 | 25.9 |
| Numerator | 4,574 | 3,548 | 4,381 | 2,945 | 3,184 |
| Denominator | 13,624 | 13,813 | 13,759 | 11,464 | 12,283 |
| Is the Data Provisional or Final? | | | | Provisional | Provisional |

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|------|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 46 | 47 | 48 | 49 | 49 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #3

Field Name: SM3**Row Name:****Column Name:****Year:** 2005**Field Note:**

The data used to report on this performance measure are the same that we now use to report for the new national performance measure 11. This performance measure will be retired next year, but was still reported this year for continuity.

2. **Section Number:** State Performance Measure #3

Field Name: SM3**Row Name:****Column Name:****Year:** 2004**Field Note:**

National WIC goal is 50% by 2010. Trend analysis suggests percentage may be going down, however.

STATE PERFORMANCE MEASURE # 4

Percent of state fetal/infant/child deaths reviewed for preventability by local review teams.

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|------|------|------|-------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 90% | 95 | 95 | 95 | 95 |
| Annual Indicator | 76.8 | 91.1 | 88.0 | 92.8 | 63.5 |
| Numerator | 43 | 184 | 183 | 155 | 120 |
| Denominator | 56 | 202 | 208 | 167 | 189 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|------|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 95 | 95 | 95 | 95 | 95 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #4

Field Name: SM4**Row Name:****Column Name:****Year:** 2005**Field Note:**

Data are still being collected from review teams. Fetal, Infant and Child Mortality Review teams may review deaths as long as 6-12 months after the event.

2. **Section Number:** State Performance Measure #4

Field Name: SM4**Row Name:****Column Name:****Year:** 2004**Field Note:**

Provisional data until next report year.

3. **Section Number:** State Performance Measure #4

Field Name: SM4**Row Name:****Column Name:****Year:** 2003**Field Note:**

FICMR reviews are always performed retrospectively, and in most case 6-12 months after the deaths. 2002 data was recently finalized, with a noted change in the data as reported last year—Corrections are: Annual indicator-91%, Numerator-184, Denominator-202. 2003 data will not be completed until January 2005. Annual performance objective of 95% may not be attainable because some child deaths are transfers from out of state facilities.

STATE PERFORMANCE MEASURE # 5

Percent of Medicaid eligible children who receive dental services as part of their comprehensive services.

| | Annual Objective and Performance Data | | | | |
|-----------------------------------|---------------------------------------|--------|--------|--------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 30 | 31 | 32 | 33 | 23 |
| Annual Indicator | 23.0 | 23.7 | 23.4 | 22.6 | 23.3 |
| Numerator | 12,327 | 14,123 | 14,649 | 14,707 | 15,374 |
| Denominator | 53,594 | 59,578 | 62,629 | 65,079 | 66,078 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| | Annual Objective and Performance Data | | | | |
|------------------------------|---------------------------------------|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 20.4 | 19.5 | 18.6 | 17.8 | 17 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2005

Field Note:

This data came from the Early Periodic Screening Diagnostic Treatment (EPSDT) report from the Montana Medicaid Program. It is an annual report for FY 2005.

2. **Section Number:** State Performance Measure #5

Field Name: SM5

Row Name:

Column Name:

Year: 2004

Field Note:

This data came from the Early Periodic Screening Diagnostic Treatment (EPSDT) report from the Montana Medicaid Program. It is an annual report for FY 2004 and was updated in 2006 with final data.

STATE PERFORMANCE MEASURE # 6

Percent of pregnant women who abstain from cigarette smoking.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|--|--------|--------|--------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 81% | 81 | 81 | 82 | 83 |
| Annual Indicator | 81.8 | 80.3 | 80.5 | 80.6 | 81.0 |
| Numerator | 8,849 | 8,746 | 9,204 | 9,308 | 9,284 |
| Denominator | 10,814 | 10,886 | 11,439 | 11,554 | 11,468 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|--|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 81.6 | 81.6 | 81.7 | 81.7 | 81.8 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #6

Field Name: SM6

Row Name:

Column Name:

Year: 2005

Field Note:

Numerator data for 2003, 2004, and 2005 was generated by Vital stats and includes both women who delivered a live birth and who experienced a fetal death and did not smoke during pregnancy. Denominator data included women experiencing a live birth or fetal death.

STATE PERFORMANCE MEASURE # 7

Rate of firearm deaths among youth aged 5-19.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|--|---------|---------|---------|---------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 7.9% | 7.7 | 7.4 | 7.2 | 7 |
| Annual Indicator | 8.4 | 7.4 | 10.0 | 12.9 | 11.1 |
| Numerator | 17 | 15 | 19 | 24 | 20 |
| Denominator | 202,571 | 202,571 | 189,774 | 185,464 | 180,271 |
| Is the Data Provisional or Final? | | | | Final | Final |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|--|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 8 | 8 | 8 | 8 | 8 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2005**Field Note:**

2005 Data has been updated using Vital Statistics on 5 to 19 year olds (done in 2006). Numerator is the number of deaths for youth ages 5 to 19 who were declared dead due to a firearm. Denominator data is from US Census Bureau projections (released 8/4/2006).

2. Section Number: State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2004**Field Note:**

Denominator data was derived from 2004 Census estimates for Montana children ages 5 to 19 years of age. Numerator is the number of deaths for youth ages 5 to 19 who were declared dead due to a firearm.

3. Section Number: State Performance Measure #7**Field Name:** SM7**Row Name:****Column Name:****Year:** 2003**Field Note:**

2003 Data has been updated using Vital Statistics on 5 to 19 year olds (done in 2006). Numerator is the number of deaths for youth ages 5 to 19 who were declared dead due to a firearm. Denominator generation source is unknown.

STATE PERFORMANCE MEASURE # 8

Percent of low birth weight infants among all live births.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|--|------|--------|--------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | | | | | |
| Annual Indicator | | | 6.7 | 7.7 | 6.6 |
| Numerator | | | 767 | 881 | 757 |
| Denominator | | | 11,384 | 11,514 | 11,414 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|--|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 6 | 6 | 6 | 6 | 6 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** State Performance Measure #8

Field Name: SM8

Row Name:

Column Name:

Year: 2005

Field Note:

Birth records for Montana residents born outside of the state are not yet included in this number.

FORM 12
TRACKING HEALTH OUTCOME MEASURES
[SECS 505 (A)(2)(B)(III) AND 506 (A)(2)(A)(III)]
STATE: MT

Form Level Notes for Form 12

None

OUTCOME MEASURE # 01

The infant mortality rate per 1,000 live births.

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|---------------|---------------|---------------|---------------|---------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | <u>7</u> | <u>6</u> | <u>6</u> | <u>6</u> | <u>6</u> |
| Annual Indicator | <u>5.8</u> | <u>6.7</u> | <u>6.8</u> | <u>4.6</u> | <u>6.0</u> |
| Numerator | <u>63</u> | <u>73</u> | <u>77</u> | <u>53</u> | <u>68</u> |
| Denominator | <u>10,814</u> | <u>10,886</u> | <u>11,384</u> | <u>11,514</u> | <u>11,414</u> |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|------------|------------|----------|------------|------------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | <u>5.4</u> | <u>5.2</u> | <u>5</u> | <u>4.8</u> | <u>4.7</u> |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2005

Field Note:

Montana's IMR was calculated in 2006 with provisional stats from Vital Statistics. The numerator is the number of infants under 1 year of age who died. The denominator is the total number of live births for the year in question.

2. Section Number: Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2004

Field Note:

Montana's IMR was recalculated in 2006 for the year 2004 with updated stats from Vital Statistics. The numerator is the number of infants under 1 year of age who died. The denominator is the total number of live births for the year in question.

3. Section Number: Outcome Measure 1

Field Name: OM01

Row Name:

Column Name:

Year: 2003

Field Note:

Montana's IMR was recalculated in 2006 for the year 2003 with updated stats from Vital Statistics. The numerator is the number of infants under 1 year of age who died. The denominator is the total number of live births for the year in question.

OUTCOME MEASURE # 02

The ratio of the black infant mortality rate to the white infant mortality rate.

| Annual Objective and Performance Data | | | | | |
|---------------------------------------|------|------|------|-------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 1.6 | 1 | 1 | 1 | 1 |
| Annual Indicator | 0.0 | 0.4 | 0.0 | 0.0 | 0.0 |
| Numerator | 0 | 3 | 0 | 0 | 0 |
| Denominator | 5.7 | 6.7 | 5.2 | 4 | 5.3 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| Annual Objective and Performance Data | | | | | |
|---------------------------------------|------|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 1 | 1 | 1 | 1 | 1 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. Section Number: Outcome Measure 2

Field Name: OM02

Row Name:

Column Name:

Year: 2003

Field Note:

Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report

OUTCOME MEASURE # 03

The neonatal mortality rate per 1,000 live births.

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|--------|--------|--------|--------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 4.5 | 4 | 3.8 | 3.5 | 3 |
| Annual Indicator | 3.6 | 4.4 | 3.7 | 2.6 | 3.7 |
| Numerator | 39 | 48 | 42 | 30 | 42 |
| Denominator | 10,814 | 10,886 | 11,384 | 11,514 | 11,414 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|------|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 3.1 | 2.9 | 2.8 | 2.7 | 2.5 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2005**Field Note:**

Montana's NMR was calculated for the year 2006 with stats from Vital Statistics. The numerator is the number of infants under 28 days of age who died. The denominator is the total number of live births for the year in question.

2. Section Number: Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2004**Field Note:**

Montana's NMR was recalculated in 2006 for the year 2004 with updated stats from Vital Statistics. The numerator is the number of infants under 28 days of age who died. The denominator is the total number of live births for the year in question.

3. Section Number: Outcome Measure 3**Field Name:** OM03**Row Name:****Column Name:****Year:** 2003**Field Note:**

Montana's NMR was recalculated in 2006 for the year 2003 with updated stats from Vital Statistics. The numerator is the number of infants under 28 days of age who died. The denominator is the total number of live births for the year in question.

OUTCOME MEASURE # 04

The postneonatal mortality rate per 1,000 live births.

| Annual Objective and Performance Data | | | | | |
|---------------------------------------|--------|--------|--------|--------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 2.6 | 2.3 | 2.2 | 2.1 | 2 |
| Annual Indicator | 2.2 | 2.3 | 3.1 | 2.0 | 2.3 |
| Numerator | 24 | 25 | 35 | 23 | 26 |
| Denominator | 10,814 | 10,886 | 11,384 | 11,514 | 11,414 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|---|------------|------------|------------|------------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | <u>2.3</u> | <u>2.3</u> | <u>2.3</u> | <u>2.2</u> | <u>2.2</u> |
| Annual Indicator | Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data. | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 4**Field Name:** OM04**Row Name:****Column Name:****Year:** 2003**Field Note:**

Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report

OUTCOME MEASURE # 05

The perinatal mortality rate per 1,000 live births plus fetal deaths.

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|--------|--------|--------|--------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 8 | 6 | 5.8 | 5.5 | 5.3 |
| Annual Indicator | 4.7 | 7.1 | 7.9 | 5.5 | 7.0 |
| Numerator | 51 | 78 | 90 | 63 | 80 |
| Denominator | 10,877 | 10,937 | 11,384 | 11,514 | 11,414 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|---|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 6.9 | 6.9 | 6.5 | 6.5 | 6.2 |
| Annual Indicator | Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data. | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

1. **Section Number:** Outcome Measure 5

Field Name: OM05

Row Name:

Column Name:

Year: 2003

Field Note:

Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report

OUTCOME MEASURE # 06

The child death rate per 100,000 children aged 1 through 14.

| | <u>Annual Objective and Performance Data</u> | | | | |
|-----------------------------------|--|---------|---------|---------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 15 | 15 | 15 | 15 | 15 |
| Annual Indicator | 23.9 | 20.0 | 10.3 | 13.0 | 8.7 |
| Numerator | 42 | 35 | 18 | 21 | 14 |
| Denominator | 175,398 | 175,398 | 175,398 | 161,130 | 161,130 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| | <u>Annual Objective and Performance Data</u> | | | | |
|------------------------------|--|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 8.2 | 8.2 | 8 | 8 | 8 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes**1. Section Number:** Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2005**Field Note:**

Montana's CDR was calculated for the year 2005 with stats from Vital Statistics. The numerator is the number of children ages 1 to 14 years of age who died. The denominator is from the 2004 Census projection for ages 1 to 14.

2. Section Number: Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2004**Field Note:**

Montana's CDR was recalculated in 2006 for the year 2004 with updated stats from Vital Statistics. The numerator is the number of children ages 1 to 14 years of age who died. The denominator is from the 2004 Census projection for ages 1 to 14.

3. Section Number: Outcome Measure 6**Field Name:** OM06**Row Name:****Column Name:****Year:** 2003**Field Note:**

Montana's CDR was recalculated in 2006 for the year 2003 with updated stats from Vital Statistics. The numerator is the number of children ages 1 to 14 years of age who died. The denominator is from an unknown source.

STATE OUTCOME MEASURE # 1
Native American Infant Mortality Rate

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|-------|-------|-------|-------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Performance Objective | 7 | 7 | 7 | 7 | 7 |
| Annual Indicator | 7.6 | 8.7 | 8.6 | 6.0 | 7.5 |
| Numerator | 10 | 12 | 12 | 9 | 11 |
| Denominator | 1,314 | 1,376 | 1,393 | 1,508 | 1,466 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

| <u>Annual Objective and Performance Data</u> | | | | | |
|--|------|------|------|------|------|
| | 2006 | 2007 | 2008 | 2009 | 2010 |
| Annual Performance Objective | 6.7 | 6.5 | 6.2 | 6 | 5.7 |
| Annual Indicator | | | | | |
| Numerator | | | | | |
| Denominator | | | | | |

Please fill in only the Objectives for the above years. Numerator, Denominator and Annual Indicators are not required for future year data.

Field Level Notes

- Section Number:** State Outcome Measure 1
Field Name: SO1
Row Name:
Column Name:
Year: 2003
Field Note:
Montana's death data are unavailable at this time due to a data conversion error between the legacy death records system and an upgrade. Data will be reported in next year's MCHBG report

FORM 13
CHARACTERISTICS DOCUMENTING FAMILY PARTICIPATION IN CSHCN PROGRAMS
STATE: MT

1. Family members participate on advisory committee or task forces and are offering training, mentoring, and reimbursement, when appropriate.

2

2. Financial support (financial grants, technical assistance, travel, and child care) is offered for parent activities or parent groups.

2

3. Family members are involved in the Children with Special Health Care Needs elements of the MCH Block Grant Application process.

0

4. Family members are involved in service training of CSHCN staff and providers.

1

5. Family members hired as paid staff or consultants to the State CSHCN program (a family member is hired for his or her expertise as a family member).

0

6. Family members of diverse cultures are involved in all of the above activities.

1

Total Score: 6

Rating Key

0 = Not Met

1 = Partially Met

2 = Mostly Met

3 = Completely Met

FORM NOTES FOR FORM 13

None

FIELD LEVEL NOTES

None

FORM 14
LIST OF MCH PRIORITY NEEDS

[Sec. 505(a)(5)]

STATE: MT FY: 2007

Your State's 5-year Needs Assessment should identify the need for preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children and services for Children with Special Health Care Needs. With each year's Block Grant application, provide a list (whether or not the priority needs change) of the top maternal and child health needs in your state. Using simple sentence or phrase, list below your State's needs. Examples of such statements are: "To reduce the barriers to the delivery of care for pregnant women, " and "The infant mortality rate for minorities should be reduced."

MCHB will capture annually every State's top 7 to 10 priority needs in an information system for comparison, tracking, and reporting purposes; you must list at least 7 and no more than 10. Note that the numbers listed below are for computer tracking only and are not meant to indicate priority order. If your State wishes to report more than 10 priority needs, list additional priority needs in a note at the form level.

1. Environmental health
2. Family support and education
3. Mental health and substance abuse
4. Nutrition and obesity prevention
5. Promotion of preventive and accessible health care
6. Reproductive and sexual health
7. Unintentional injuries
8. Family and Community Health Bureau capacity development
- 9.
- 10.

FORM NOTES FOR FORM 14

None

FIELD LEVEL NOTES

None

FORM 15
TECHNICAL ASSISTANCE(TA) REQUEST

STATE: MT

APPLICATION YEAR: 2007

| No. | Category of Technical Assistance Requested | Description of Technical Assistance Requested (max 250 characters) | Reason(s) Why Assistance Is Needed (max 250 characters) | What State, Organization or Individual Would You suggest Provide the TA (if known) (max 250 characters) |
|-----|---|---|--|--|
| 1. | General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u> | Training for Ages and Stages Questionnaire which is being used by the public health home visitors | Limited funding-public health home visiting is funded with state general fund | Liz Trombley, University of Oregon |
| 2. | General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u> | Assistance to develop sound performance measurement criteria and tools for CSHCN | Assist the program to establish measurement criteria and tools for the CSHCN PMs. Interested in consultation that will allow us to develop Montana-specific monitoring tools and accompanying methodology for using those tools. | No contractor identified. Consulting from federal staff and/or state staff with sound indicators |
| 3. | General Systems Capacity Issues If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> N/A </u> | Coordination of public and private efforts to promote injury prevention in children | Montana's rate of unintentional injury and motor vehicle-related injury in children continues to be high. | No contractor identified |
| 4. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u> | | | |
| 5. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u> | | | |
| 6. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u> | | | |
| 7. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u> | | | |
| 8. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u> | | | |
| 9. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: <u> </u> | | | |
| 10. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the | | | |

| | | | | |
|-----|--|--|--|--|
| | measure number here: _____ | | | |
| 11. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ | | | |
| 12. | If you selected State or National Performance Measure Issue categories above, identify the performance measure to which this issue pertains by entering the measure number here: _____ | | | |

FORM NOTES FOR FORM 15

None

FIELD LEVEL NOTES

None

FORM 16
STATE PERFORMANCE AND OUTCOME MEASURE DETAIL SHEET
STATE: MT

SP # 1

PERFORMANCE MEASURE:

Percent of unintended pregnancy.

STATUS:

Active

GOAL

Reduce unintended pregnancy.

DEFINITION

A pregnancy that had not been wanted at the time conception occurred, irrespective of whether or not contraception was being used. Among unintended pregnancies, a distinction is made between mistimed and unwanted: Mistimed conceptions are those that were wanted by the woman at some time, but which occurred sooner than they were wanted; and Unwanted conceptions are those that occurred when the woman did not want to have any more pregnancies at all.

Numerator:

Number of unintended pregnancies in the family planning clinic population.

Denominator:

Number of pregnancies in the family planning clinic population.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

9-1 Increase the proportion of pregnancies that are intended

DATA SOURCES AND DATA ISSUES

The data is from the family planning clinic visit record (CVR) which is completed on all patient visits. The CVR reports whether the patient "wanted a child, but not at this time" (i.e. a mistimed pregnancy) or "Didn't want any (more) children." (i.e. an unwanted pregnancy). Montana is applying for the PRAMS grant in 2005, if received, we may move to using the PRAMS data set to inform this objective. Significance data from the IOM, "The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families," 1995.

SIGNIFICANCE

Unintended pregnancy (estimated at 60% of all pregnancies) affects all segments of society. The consequences are serious: A mother with an unintended pregnancy is more likely to seek prenatal care after the first trimester or not to obtain care, is more likely to expose the fetus to harmful substances such as tobacco or alcohol, and is at greater risk of physical abuse herself. A child of an unwanted conception is at greater risk of being low birthweight, of dying in its first year of life, of being abused, and of not receiving sufficient resources for healthy development. Both mother and father may suffer economic hardship and fail to achieve their educational and career goals. Unintended pregnancy also leads to approximately 1.5 million abortions in the United States annually, a ratio of about one abortion to every three live births -- a ratio two to four times higher than that in many other Western democracies.

SP # 2

PERFORMANCE MEASURE:

Percent of women who abstain from alcohol use in pregnancy.

STATUS:

Active

GOAL

Increase the percent of women who abstain from alcohol use during pregnancy to ultimately decrease the incidence of in utero alcohol exposure of the infant

DEFINITION

We are measuring the percent of women who abstain from alcohol use during pregnancy as reported on the birth certificate. We realize that alcohol use during pregnancy, as reported on the birth certificate is self reported, and thus is under reported. However, this is the only data source we have to measure this performance measure

Numerator:

Number of pregnant women who abstain from alcohol use during pregnancy as reported on the birth certificate.

Denominator:

Number of Montana births plus fetal deaths.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

17-17 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women

DATA SOURCES AND DATA ISSUES

Alcohol use during pregnancy is reported on the SAQ, DV survey, birth certificates, MIAMI I & Os, WIC, and BRFSS. The birth certificate is the only data source we have in MT that represents all of the births in MT. The other data sources are either anonymous, or represent a only portion of the pregnancies and births in our state. Future years may include the PRAMS as the data source.

SIGNIFICANCE

Consumption of alcohol during pregnancy has been associated with reduction in birth weight and intellectual impariment, CNS involvement, facial deformity, small head circumfrence, brain malformation and intrauterine growth retardation

SP # 4

PERFORMANCE MEASURE:

Percent of state fetal/infant/child deaths reviewed for preventability by local review teams.

STATUS:

Active

GOAL

Identify why infants and children die in Montana and recommendation of system changes in Montana to prevent further deaths.

DEFINITION

Percent of state fetal/infant/child deaths reviewed by local teams for preventability.

Numerator:

Number of fetal, infant and child deaths reviewed by local teams in MT as evidenced by the number of data forms submitted by local review teams to DPHHS

Denominator:

Number of fetal, infant and child deaths in Montana obtained from the death certificates in vital stats.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16-1c Reduce incidence of infant deaths

16-2 Reduce the rate of child death

DATA SOURCES AND DATA ISSUES

Submitted abstracts from local reviews of fetal, infant and child deaths, which are entered into a data system at the state level. Fetal, infant and child death certificates from vital stats are also a data source

SIGNIFICANCE

Vital Statistics on fetal, infant and child deaths don't identify the circumstances of death and what can be done to prevent future deaths. The local multi disciplinary review teams meet and discuss circumstances of the death and prevention of future deaths, which provides much more detail and prevention is targeted to that specific community

SP # 5

PERFORMANCE MEASURE:

Percent of Medicaid eligible children who receive dental services as part of their comprehensive services.

STATUS:

Active

GOAL

To improve dental health of Medicaid-eligible children through increased access to dental services.

DEFINITION

Numerator:

Number of children to age 21 who have received dental services as part of their comprehensive services.

Denominator:

Estimated number of children to age 21 who are potentially eligible by state definition, for Medicaid at the end of the fiscal year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

21-12 Increase the proportion of low-income children and adolescents who received dental services

DATA SOURCES AND DATA ISSUES

Sources and issues are similar to performance measure 13, "Percent of potentially Medicaid eligible children who have received a service paid by the Medicaid Program." From July 1, 1995 to June 30, 1996, 15,719 Medicaid child patients out of 43,970 average eligibles received dental care for a 36%. From July 1, 1996 to June 30, 1997, the percentage was also 36%.

SIGNIFICANCE

Medicaid eligible children are not always able to access dental care. Barriers to access limit dental care and impact the health of Medicaid eligible children in a negative manner.

SP # 6

PERFORMANCE MEASURE:

Percent of pregnant women who abstain from cigarette smoking.

STATUS:

Active

GOAL

Decrease the incidence of low birthweight and other adverse outcomes and infant mortality related to tobacco use by pregnant women.

DEFINITION

-

Numerator:

Number of pregnant women who report not smoking.

Denominator:

Number of Montana births and fetal deaths.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

16-17 Increase abstinence from alcohol, cigarettes, and illicit drugs among pregnant women

DATA SOURCES AND DATA ISSUES

Birth certificates.

SIGNIFICANCE

Maternal smoking during pregnancy is a risk factor for low birthweight, the leading cause of infant mortality. Smoking during pregnancy is also a significant risk factor for SAB and stillbirths. Parental smoking can also have long-term effects on a child's growth, intelligence and behavior. Further, infants exposed to cigarette smoke before and/or after birth are 2 to 3 times more likely to die from SIDS.

SP # 7

PERFORMANCE MEASURE:

Rate of firearm deaths among youth aged 5-19.

STATUS:

Active

GOAL

Reduce by 5% the number of firearm related deaths among youths aged 5-19 years of age.

DEFINITION

Firearm-related death rate (per 100,000) among youth ages 5-19.

Numerator:

Total number of population aged 5-19 who have died of firearm deaths.

Denominator:

Total population of youth in Montana age 5-19.

Units: 100000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

15-3 Reduce firearm related deaths

DATA SOURCES AND DATA ISSUES

1) Montana Census and Economic Center 2) Montana Trauma Registry 3) National Center for Health Statistics, Centers for Disease Control and Prevention; and 4) national Center for Prevention and Control of Injury.

SIGNIFICANCE

1. In children under 15, 35-40% of firearm deaths are unintentional. 2. Among adolescents 15-19 years of age, one in every four deaths is caused by a firearm. For this age group, the risk of dying from a firearm injury has increased by 77% since 1975. 3. In 1990, firearm injuries cost over \$20.4 billion in direct costs for hospital and other medical care, and in direct costs for long-term disabilities and premature deaths. 4. at least 80% of the economic costs of treating firearm injuries are paid for by tax dollars.

SP # 8

PERFORMANCE MEASURE:

Percent of low birth weight infants among all live births.

STATUS:

Active

GOAL

To reduce the proportion of all live deliveries with low birth weight.

DEFINITION

The number of live births with birth weight under 2,500 grams to state residents in the calendar year, among all live births to state residents within the calendar year.

Numerator:

Number of live births with birth weight less than 2,500 grams to MT residents in the calendar year.

Denominator:

Total number of live births to MT residents in the calendar year.

Units: 100 **Text:** Percent

HEALTHY PEOPLE 2010 OBJECTIVE

Objective 16-10a: Reduce the percent of low birthweight to 5 or less.

DATA SOURCES AND DATA ISSUES

Birth certificates: Office of Vital Statistics, Montana Department of Public Health and Human Services

SIGNIFICANCE

Prematurity is a leading factor in infant death. Many risk factors have been identified for low birth weight involving younger and older maternal age, poverty, late prenatal care, smoking and substance abuse.

SO # 1

OUTCOME MEASURE:

Native American Infant Mortality Rate

STATUS:

Active

GOAL

The Native American infant mortality rate will be no higher than the White infant mortality rate

DEFINITION

Numerator:

Number of Native American infant deaths.

Denominator:

Number of Native American births.

Units: 1000 **Text:** Rate

HEALTHY PEOPLE 2010 OBJECTIVE

16-1c Reduce incidence of infant deaths

DATA SOURCES AND DATA ISSUES

Vital records collected by state.

SIGNIFICANCE

All countries of the world measure the infant mortality rate as an indicator of general health status. The U.S. has made progress in reducing this rate, but the rate of decline has slowed. In Montana, as in the nation as a whole, there continues to be significant racial disparity.

FORM NOTES FOR FORM 16

None

FIELD LEVEL NOTES

None

FORM 17
HEALTH SYSTEMS CAPACITY INDICATORS
FORMS FOR HSCI 01 THROUGH 04, 07 & 08 - MULTI-YEAR DATA
STATE: MT

Form Level Notes for Form 17

None

HEALTH SYSTEMS CAPACITY MEASURE # 01

The rate of children hospitalized for asthma (ICD-9 Codes: 493.0 -493.9) per 10,000 children less than five years of age.

| | <u>Annual Indicator Data</u> | | | | |
|--|------------------------------|--------|--------|-------------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Indicator | 0.4 | 14.2 | 11.1 | 14.9 | 60.7 |
| Numerator | 2 | 78 | 61 | 82 | 167 |
| Denominator | 54,869 | 54,869 | 54,869 | 54,869 | 27,493 |
| Is the Data Provisional or Final? | | | | Provisional | Provisional |

Field Level Notes

- Section Number:** Health Systems Capacity Indicator #01

Field Name: HSC01

Row Name:

Column Name:

Year: 2005

Field Note:

Medicaid data were used to report on this indicator for 2005. Between 10/1/2004 and 9/30/2005, 167 children were hospitalized with an asthma diagnosis. During this same time, there were 27,473 children under age 5 enrolled in Medicaid.

HEALTH SYSTEMS CAPACITY MEASURE # 02

The percent Medicaid enrollees whose age is less than one year during the reporting year who received at least one initial periodic screen.

| | <u>Annual Indicator Data</u> | | | | |
|-----------------------------------|------------------------------|-------|-------|-------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Indicator | 98.0 | 84.3 | 87.0 | 84.3 | 88.3 |
| Numerator | 4,604 | 4,077 | 4,298 | 4,359 | 4,635 |
| Denominator | 4,698 | 4,836 | 4,943 | 5,172 | 5,249 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #02**Field Name:** HSC02**Row Name:****Column Name:****Year:** 2005**Field Note:**

This data came from the EPSDT report from the Montana Medicaid Program. It is an annual report for FY 2005.

2. Section Number: Health Systems Capacity Indicator #02**Field Name:** HSC02**Row Name:****Column Name:****Year:** 2004**Field Note:**

This data came from the EPSDT report from the Montana Medicaid Program. It is an annual report for FY 2004, updated in 2006 with final data.

3. Section Number: Health Systems Capacity Indicator #02**Field Name:** HSC02**Row Name:****Column Name:****Year:** 2003**Field Note:**

Checking on availability of these data for 2000

HEALTH SYSTEMS CAPACITY MEASURE # 03

The percent State Childrens Health Insurance Program (CHIP) enrollees whose age is less than one year during the reporting year who received at least one periodic screen.

| | | <u>Annual Indicator Data</u> | | | | |
|-----------------------|------|------------------------------|-------|-------|-------------|--|
| | 2001 | 2002 | 2003 | 2004 | 2005 | |
| Annual Indicator | NaN | 100.0 | 100.0 | 100.0 | 100.0 | |
| Numerator | 0 | 1 | 1 | 1 | 1 | |
| Denominator | 0 | 1 | 1 | 1 | 1 | |
| Provisional or Final? | | | | Final | Provisional | |

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #03**Field Name:** HSC03**Row Name:****Column Name:****Year:** 2005**Field Note:**

A report of the CHIP data base children by age and by procedure codes is not available and is not feasible to program a new report in time to submit with the annual submission of MCHBG. In addition the number of children under one year is not available on the state level vital statistics. Data entered is not correct.

2. Section Number: Health Systems Capacity Indicator #03**Field Name:** HSC03**Row Name:****Column Name:****Year:** 2004**Field Note:**

A report of the CHIP data base children by age and by procedure codes is not available and is not feasible to program a new report in time to submit with the annual submission of MCHBG. In addition the number of children under one year is not available on the state level vital statistics. Data entered is not correct.

3. Section Number: Health Systems Capacity Indicator #03**Field Name:** HSC03**Row Name:****Column Name:****Year:** 2003**Field Note:**

These data are NOT available in Montana

HEALTH SYSTEMS CAPACITY MEASURE # 04

The percent of women (15 through 44) with a live birth during the reporting year whose observed to expected prenatal visits are greater than or equal to 80 percent on the Kotelchuck Index.

| | Annual Indicator Data | | | | |
|--|------------------------------|---------------|---------------|---------------|---------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Indicator | <u>72.7</u> | <u>78.4</u> | <u>79.6</u> | <u>81.1</u> | <u>80.6</u> |
| Numerator | <u>7,867</u> | <u>8,529</u> | <u>9,060</u> | <u>9,337</u> | <u>9,200</u> |
| Denominator | <u>10,814</u> | <u>10,873</u> | <u>11,384</u> | <u>11,514</u> | <u>11,414</u> |
| Is the Data Provisional or Final? | | | | Final | Provisional |

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2005**Field Note:**

Montana's Observed to Expected percentage was calculated for the year 2005 with updated stats from Vital Statistics. The numerator is the number of women having 80% or better percentage for this measure. The denominator is birth cohort for the year in question.

2. Section Number: Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2004**Field Note:**

Montana's Observed to Expected percentage was recalculated in 2006 for the year 2004 with updated stats from Vital Statistics. The numerator is the number of women having 80% or better percentage for this measure. The denominator is birth cohort for the year in question.

3. Section Number: Health Systems Capacity Indicator #04**Field Name:** HSC04**Row Name:****Column Name:****Year:** 2003**Field Note:**

Montana's Observed to Expected percentage was recalculated in 2006 for the year 2003 with updated stats from Vital Statistics. The numerator is the number of women having 80% or better percentage for this measure. The denominator is birth cohort for the year in question.

HEALTH SYSTEMS CAPACITY MEASURE # 07A

Percent of potentially Medicaid-eligible children who have received a service paid by the Medicaid Program.

| | | <u>Annual Indicator Data</u> | | | |
|-----------------------------------|--------|------------------------------|--------|--------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Indicator | 98.1 | 86.6 | 86.7 | 88.7 | 88.7 |
| Numerator | 52,585 | 55,526 | 46,369 | 57,700 | 58,602 |
| Denominator | 53,594 | 64,089 | 53,457 | 65,079 | 66,078 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

Field Level Notes

1. **Section Number:** Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2005

Field Note:

This data came from the EPSDT report from the Montana Medicaid Program. It is an annual report for FY 2005.

2. **Section Number:** Health Systems Capacity Indicator #07A

Field Name: HSC07A

Row Name:

Column Name:

Year: 2004

Field Note:

The trend analysis for 2000-2004 revealed continued decreases in the percent of children receiving services, and the true percentage for 2010 at approximately 75%. MCH has limited control over this program and subsequent performance measurement, including the actual yearly indicators and future projections.

HEALTH SYSTEMS CAPACITY MEASURE # 07B

The percent of EPSDT eligible children aged 6 through 9 years who have received any dental services during the year.

| | <u>Annual Indicator Data</u> | | | | |
|-----------------------------------|------------------------------|--------|--------|--------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Indicator | 34.4 | 34.5 | 34.1 | 32.9 | 34.3 |
| Numerator | 3,693 | 3,703 | 3,849 | 3,931 | 4,182 |
| Denominator | 10,731 | 10,731 | 11,276 | 11,960 | 12,182 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2005

Field Note:

This data came from the EPSDT report from the Montana Medicaid Program. It is an annual report for FY 2005.

2. Section Number: Health Systems Capacity Indicator #07B

Field Name: HSC07B

Row Name:

Column Name:

Year: 2004

Field Note:

This data came from the EPSDT report from the Montana Medicaid Program. It is an annual report for FY 2004, updated in 2006.

HEALTH SYSTEMS CAPACITY MEASURE # 08

The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.

| Annual Indicator Data | | | | | |
|--|--------------|--------------|--------------|--------------|--------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Indicator | <u>2.0</u> | <u>2.1</u> | <u>0.8</u> | <u>1.0</u> | <u>1.1</u> |
| Numerator | <u>31</u> | <u>33</u> | <u>12</u> | <u>18</u> | <u>22</u> |
| Denominator | <u>1,570</u> | <u>1,600</u> | <u>1,555</u> | <u>1,892</u> | <u>1,957</u> |
| Is the Data Provisional or Final? | | | | Final | Provisional |

Field Level Notes**1. Section Number:** Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2005**Field Note:**

This indicator is essentially unchanged for 2005, although it was predicted to change significantly from 2004 due to CSHS ability to provide resource and referral information to this population. This service was not instituted until May of 2006 and therefore has not yet affected the reporting of this measure. Medicaid coverage for eligible applicants continues to provide for rehabilitative services. CSHS continues to cover some genetic testing for Medicaid clients in out of state labs that are Montana Medicaid providers. During FFY 2005, 22 SSI beneficiaries received comprehensive evaluation through a Title V sponsored Cleft/craniofacial or Metabolic clinic, not paid for by Medicaid.

2. Section Number: Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2004**Field Note:**

This indicator is essentially unchanged for 2004. It will change significantly in 2005, due to the capacity CSHS has developed to provide resource and referral information to this population. Medicaid coverage for eligible applicants continues to provide for rehabilitative services. In addition, CSHS is providing resource information to SSI applicants who are not deemed eligible for SSI.

3. Section Number: Health Systems Capacity Indicator #08**Field Name:** HSC08**Row Name:****Column Name:****Year:** 2003**Field Note:**

In reviewing this standard, it was noted that the CSHCN program calculated the annual indicator based on the number of medicaid children receiving rehab services through Title V as the number participating in CSHS rehab clinics. This does not match the informational guidance requesting the degree to which Title V provides something that Medicaid does not cover. Data in 2003 has been changed to reflect the meaning of the standard. The annual indicator reflects the comprehensiveness of the Montana Medicaid program for children with special health care needs. CSHS has provided assistance only for out of state lab services to diagnosis rare genetic conditions.

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #05
(MEDICAID AND NON-MEDICAID COMPARISON)
STATE: MT

| INDICATOR #05 <i>Comparison of health system capacity indicators for Medicaid, non-Medicaid, and all MCH populations in the State</i> | YEAR | DATA SOURCE | POPULATION | | |
|---|------|-------------|-------------|--------------|-------------|
| | | | MEDICAID | NON-MEDICAID | ALL |
| a) <i>Percent of low birth weight (< 2,500 grams)</i> | 2005 | Other | <u>3</u> | <u>3.6</u> | <u>6.6</u> |
| b) <i>Infant deaths per 1,000 live births</i> | 2005 | Other | <u>2.7</u> | <u>3.3</u> | <u>6</u> |
| c) <i>Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester</i> | 2005 | Other | <u>38</u> | <u>45.5</u> | <u>83.5</u> |
| d) <i>Percent of pregnant women with adequate prenatal care (observed to expected prenatal visits is greater than or equal to 80% [Kotelchuck Index])</i> | 2005 | Other | <u>36.7</u> | <u>43.9</u> | <u>80.6</u> |

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(MEDICAID ELIGIBILITY LEVEL)
STATE: MT

| INDICATOR #06 <i>The percent of poverty level for eligibility in the State's Medicaid programs for infants (0 to 1), children, Medicaid and pregnant women.</i> | YEAR | PERCENT OF POVERTY LEVEL MEDICAID (Valid range: 100-300 percent) |
|---|-------------|--|
| a) <i>Infants (0 to 1)</i> | 2005 | <u>133</u> |
| b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>5</u>) (Age range <u>6</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) | 2005 | <u>133</u> <u>100</u> <u> </u> |
| c) <i>Pregnant Women</i> | 2005 | <u>133</u> |

FORM 18
HEALTH SYSTEMS CAPACITY INDICATOR #06(SCHIP ELIGIBILITY LEVEL)
STATE: MT

| INDICATOR #06 <i>The percent of poverty level for eligibility in the State's SCHIP programs for infants (0 to 1), children, SCHIP and pregnant women.</i> | YEAR | PERCENT OF POVERTY LEVEL SCHIP |
|---|-------------|--|
| a) <i>Infants (0 to 1)</i> | 2005 | <u>150</u> |
| b) <i>Medicaid Children</i> (Age range <u>1</u> to <u>18</u>) (Age range <u> </u> to <u> </u>) (Age range <u> </u> to <u> </u>) | 2005 | <u>150</u> <u> </u> <u> </u> |
| c) <i>Pregnant Women</i> | 2005 | <u> </u> |

FORM NOTES FOR FORM 18

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 06 - SCHIP
Field Name: SCHIP_Women
Row Name: Pregnant Women
Column Name:
Year: 2007
Field Note:
SCHIP does not cover pregnant women over 18 years of age.
2. **Section Number:** Indicator 05
Field Name: LowBirthWeight
Row Name: Percent of ow birth weight (<2,500 grams)
Column Name:
Year: 2007
Field Note:
This measurement is not captured as of yet by Vital Stats. We are hopeful with the implementation of new parameters on the electronic birth certificate that payment source will be available to us in the future. In lieu of this data, the Medicaid percentage of 45.5% was used across the board on every measure to indicate overall low SES burden.
3. **Section Number:** Indicator 05
Field Name: InfantDeath
Row Name: Infant deaths per 1,000 live births
Column Name:
Year: 2007
Field Note:
This measurement is not captured as of yet by Vital Stats. We are hopeful with the implementation of new parameters on the electronic birth certificate that payment source will be available to us in the future. In lieu of this data, the Medicaid percentage of 45.5% was used across the board on every measure to indicate overall low SES burden.
4. **Section Number:** Indicator 05
Field Name: CareFirstTrimester
Row Name: Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester
Column Name:
Year: 2007
Field Note:
This measurement is not captured as of yet by Vital Stats. We are hopeful with the implementation of new parameters on the electronic birth certificate that payment source will be available to us in the future. In lieu of this data, the Medicaid percentage of 45.5% was used across the board on every measure to indicate overall low SES burden.
5. **Section Number:** Indicator 05
Field Name: AdequateCare
Row Name: Percent of pregnant women with adequate prenatal care
Column Name:
Year: 2007
Field Note:
This measurement is not captured as of yet by Vital Stats. We are hopeful with the implementation of new parameters on the electronic birth certificate that payment source will be available to us in the future. In lieu of this data, the Medicaid percentage of 45.5% was used across the board on every measure to indicate overall low SES burden.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MT

HEALTH SYSTEMS CAPACITY INDICATOR #09A (General MCH Data Capacity)
(The Ability of the State to Assure MCH Program Access to Policy and Program Relevant Information)

| DATABASES OR SURVEYS | Does your MCH program have the ability to obtain data for program planning or policy purposes in a timely manner? (Select 1 - 3) * | Does your MCH program have Direct access to the electronic database for analysis? (Select Y/N) |
|--|---|---|
| ANNUAL DATA LINKAGES | | |
| Annual linkage of infant birth and infant death certificates | 1 | No |
| Annual linkage of birth certificates and Medicaid Eligibility or Paid Claims Files | 1 | No |
| Annual linkage of birth certificates and WIC eligibility files | 1 | No |
| Annual linkage of birth certificates and newborn screening files | 3 | Yes |
| REGISTRIES AND SURVEYS | | |
| Hospital discharge survey for at least 90% of in-State discharges | 1 | No |
| Annual birth defects surveillance system | 2 | Yes |
| Survey of recent mothers at least every two years (like PRAMS) | 2 | Yes |

*Where:
1 = No, the MCH agency does not have this ability.
2 = Yes, the MCH agency sometimes has this ability, but not on a consistent basis.
3 = Yes, the MCH agency always has this ability.

FORM 19
HEALTH SYSTEMS CAPACITY INDICATOR - REPORTING AND TRACKING FORM
STATE: MT

| DATA SOURCES | Does your state participate in the YRBS survey? (Select 1 - 3)* | Does your MCH program have direct access to the state YRBS database for analysis? (Select Y/N) |
|-----------------------------------|--|--|
| Youth Risk Behavior Survey (YRBS) | 3 | No |
| Other: | | |
| | | |
| | | |

*Where:
1 = No
2 = Yes, the State participates but the sample size is not large enough for valid statewide estimates for this age group.
3 = Yes, the State participates and the sample size is large enough for valid statewide estimates for this age group.

| |
|---|
| Notes: |
| 1. HEALTH SYSTEMS CAPACITY INDICATOR #09B was formerly reported as Developmental Health Status Indicator #05. |

FORM NOTES FOR FORM 19

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: BirthDefects
Row Name: Annual birth defects surveillance system
Column Name:
Year: 2007
Field Note:
Active collection of birth defects data was suspended in 2005. Discussions continue regarding possible future methods of collecting and using birth defects data.
2. **Section Number:** Indicator 09A
Field Name: RecentMother
Row Name: Survey of recent mothers at least every two years (like PRAMS)
Column Name:
Year: 2007
Field Note:
Montana received a PRAMS grant for a Point-in-Time survey in 2002. The funding application for an additional PRAMS grant was not successful.

FORM 20
HEALTH STATUS INDICATORS #01-#05
MULTI-YEAR DATA
STATE: MT

Form Level Notes for Form 11

None

HEALTH STATUS INDICATOR MEASURE # 01A

The percent of live births weighing less than 2,500 grams.

| | | <u>Annual Indicator Data</u> | | | | |
|-----------------------------------|---------------|------------------------------|---------------|---------------|---------------|--|
| | 2001 | 2002 | 2003 | 2004 | 2005 | |
| Annual Indicator | <u>6.8</u> | <u>6.8</u> | <u>6.7</u> | <u>7.7</u> | <u>6.6</u> | |
| Numerator | <u>739</u> | <u>745</u> | <u>767</u> | <u>881</u> | <u>757</u> | |
| Denominator | <u>10,814</u> | <u>10,886</u> | <u>11,384</u> | <u>11,514</u> | <u>11,414</u> | |
| Is the Data Provisional or Final? | | | | Final | Provisional | |

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 01B

The percent of live singleton births weighing less than 2,500 grams.

| | Annual Indicator Data | | | | |
|-----------------------------------|-----------------------|--------|--------|--------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Indicator | 5.2 | 5.4 | 5.5 | 5.8 | 5.4 |
| Numerator | 547 | 566 | 607 | 651 | 601 |
| Denominator | 10,491 | 10,564 | 11,072 | 11,135 | 11,128 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 02A

The percent of live births weighing less than 1,500 grams.

| | | <u>Annual Indicator Data</u> | | | | |
|-----------------------------------|---------------|------------------------------|---------------|---------------|---------------|--|
| | 2001 | 2002 | 2003 | 2004 | 2005 | |
| Annual Indicator | <u>1.2</u> | <u>1.1</u> | <u>1.0</u> | <u>1.1</u> | <u>1.0</u> | |
| Numerator | <u>125</u> | <u>120</u> | <u>118</u> | <u>127</u> | <u>114</u> | |
| Denominator | <u>10,814</u> | <u>10,886</u> | <u>11,384</u> | <u>11,514</u> | <u>11,414</u> | |
| Is the Data Provisional or Final? | | | | Final | Provisional | |

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 02B

The percent of live singleton births weighing less than 1,500 grams.

| | Annual Indicator Data | | | | |
|-----------------------------------|-----------------------|--------|--------|--------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Indicator | 0.9 | 0.7 | 0.9 | 0.9 | 0.9 |
| Numerator | 96 | 79 | 96 | 103 | 98 |
| Denominator | 10,491 | 10,564 | 11,072 | 11,135 | 11,128 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

Field Level Notes

None

HEALTH STATUS INDICATOR MEASURE # 03A

The death rate per 100,000 due to unintentional injuries among children aged 14 years and younger.

| | | <u>Annual Indicator Data</u> | | | | |
|-----------------------|---------|------------------------------|---------|---------|-------------|--|
| | 2001 | 2002 | 2003 | 2004 | 2005 | |
| Annual Indicator | 10.2 | 10.7 | 10.5 | 12.5 | 8.4 | |
| Numerator | 19 | 20 | 18 | 21 | 14 | |
| Denominator | 186,130 | 186,130 | 171,568 | 167,463 | 167,463 | |
| Provisional or Final? | | | | Final | Provisional | |

Field Level Notes**1. Section Number:** Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2005**Field Note:**

Denominator is from census projection for 2004.

2. Section Number: Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2004**Field Note:**

Denominator is from census projection for 2004. Stats for 2004 were updated and finalized in 2006.

3. Section Number: Health Status Indicator #03A**Field Name:** HSI03A**Row Name:****Column Name:****Year:** 2003**Field Note:**

Denominator source is census 2003 projection for children 14 years and younger. Stats for 2003 were updated and finalized in 2006.

HEALTH STATUS INDICATOR MEASURE # 03B

The death rate per 100,000 for unintentional injuries among children aged 14 years and younger due to motor vehicle crashes.

| | <u>Annual Indicator Data</u> | | | | |
|-----------------------------------|------------------------------|---------|---------|---------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Indicator | 5.9 | 5.4 | 5.8 | 6.0 | 6.0 |
| Numerator | 11 | 10 | 10 | 10 | 10 |
| Denominator | 186,130 | 186,130 | 171,568 | 167,463 | 167,463 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

Field Level Notes**1. Section Number:** Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2005**Field Note:**

Denominator is from census projection for 2004.

2. Section Number: Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2004**Field Note:**

Denominator is census projection for 2004. Numerator data was updated and finalized for 2004 in 2006 using Vital Stat data.

3. Section Number: Health Status Indicator #03B**Field Name:** HSI03B**Row Name:****Column Name:****Year:** 2003**Field Note:**

Denominator source is census projections for 2003. Numerator data was updated and finalized for 2004 in 2006 using Vital Stat data.

HEALTH STATUS INDICATOR MEASURE # 03C

The death rate per 100,000 from unintentional injuries due to motor vehicle crashes among youth aged 15 through 24 years.

| | <u>Annual Indicator Data</u> | | | | |
|-----------------------------------|------------------------------|---------|---------|---------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Indicator | 30.1 | 46.3 | 48.4 | 45.1 | 32.2 |
| Numerator | 39 | 60 | 67 | 63 | 45 |
| Denominator | 129,689 | 129,689 | 138,288 | 139,679 | 139,679 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

Field Level Notes**1. Section Number:** Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2005

Field Note:

Denominator is from 2004 census projections. Numerator is from vital statistics data, which is not yet finalized for 2005.

2. Section Number: Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2004

Field Note:

Denominator is from 2004 census projections. Numerator data was updated for 2004 in 2006 using Vital Stat data.

3. Section Number: Health Status Indicator #03C

Field Name: HSI03C

Row Name:

Column Name:

Year: 2003

Field Note:

Denominator source is 2003 census projections. Numerator data was updated for 2003 in 2006 using Vital Stat data.

HEALTH STATUS INDICATOR MEASURE # 04A

The rate per 100,000 of all nonfatal injuries among children aged 14 years and younger.

| <u>Annual Indicator Data</u> | | | | | |
|-----------------------------------|---------|------|------|---------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Indicator | 2,552.0 | | | 137.3 | 169.6 |
| Numerator | 4,750 | | | 230 | 284 |
| Denominator | 186,130 | | | 167,463 | 167,463 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

Field Level Notes**1. Section Number:** Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2005**Field Note:**

The numerator for this indicator is from the state trauma registry. The trauma registry only includes severe injuries, and not all hospitals report their data, so this rate is believed to be significantly lower than the actual rate for all hospitals and all nonfatal injuries. The denominator is the state population estimate for all children 14 years and younger as of 7/1/2004.

The Montana Department of Public Health and Human Services is currently negotiating access to statewide hospital discharge data, which is expected to be the future data source for this indicator.

2. Section Number: Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2004**Field Note:**

The numerator for this indicator is from the state trauma registry. The trauma registry only includes severe injuries, and not all hospitals report their data, so this rate is believed to be significantly lower than the actual rate for all hospitals and all nonfatal injuries. The denominator is the state population estimate for all children 14 years and younger as of 7/1/2004.

The Montana Department of Public Health and Human Services is currently negotiating access to statewide hospital discharge data, which is expected to be the future data source for this indicator.

3. Section Number: Health Status Indicator #04A**Field Name:** HSI04A**Row Name:****Column Name:****Year:** 2003**Field Note:**

Data are not available in Montana

HEALTH STATUS INDICATOR MEASURE # 04B

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among children aged 14 years and younger.

| | <u>Annual Indicator Data</u> | | | | |
|-----------------------------------|------------------------------|---------|---------|---------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Indicator | 565.7 | 487.8 | 524.6 | 512.9 | 478.3 |
| Numerator | 1,053 | 908 | 900 | 859 | 801 |
| Denominator | 186,130 | 186,130 | 171,568 | 167,463 | 167,463 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

Field Level Notes**1. Section Number:** Health Status Indicator #04B**Field Name:** HSI04B**Row Name:****Column Name:****Year:** 2005**Field Note:**

Numerator data is from MT DOT. Denominator data is from 2004 census projections.

2. Section Number: Health Status Indicator #04B**Field Name:** HSI04B**Row Name:****Column Name:****Year:** 2004**Field Note:**

Numerator data is from MT DOT. Denominator data is from 2004 census projections.

3. Section Number: Health Status Indicator #04B**Field Name:** HSI04B**Row Name:****Column Name:****Year:** 2003**Field Note:**

Denominator data is from 2004 census projections.

HEALTH STATUS INDICATOR MEASURE # 04C

The rate per 100,000 of nonfatal injuries due to motor vehicle crashes among youth aged 15 through 24 years.

| | <u>Annual Indicator Data</u> | | | | |
|-----------------------------------|------------------------------|---------|---------|---------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Indicator | 2,807.5 | 2,508.3 | 2,243.9 | 2,285.2 | 2,180.7 |
| Numerator | 3,641 | 3,253 | 3,103 | 3,192 | 3,046 |
| Denominator | 129,689 | 129,689 | 138,288 | 139,679 | 139,679 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

Field Level Notes**1. Section Number:** Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2005**Field Note:**

Numerator data from MT DOT. Denominator data from 2004 census projections.

2. Section Number: Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2004**Field Note:**

Numerator data from MT DOT. Denominator data from 2004 census projections.

3. Section Number: Health Status Indicator #04C**Field Name:** HSI04C**Row Name:****Column Name:****Year:** 2003**Field Note:**

Numerator data from MT DOT. Denominator data from 2003 census projections.

HEALTH STATUS INDICATOR MEASURE # 05A

The rate per 1,000 women aged 15 through 19 years with a reported case of chlamydia.

| | | <u>Annual Indicator Data</u> | | | |
|-----------------------|--------|------------------------------|--------|--------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Indicator | 18.8 | 23.9 | 28.4 | 24.2 | 19.9 |
| Numerator | 648 | 825 | 981 | 823 | 676 |
| Denominator | 34,521 | 34,521 | 34,521 | 33,992 | 33,992 |
| Provisional or Final? | | | | Final | Provisional |

Field Level Notes

1. **Section Number:** Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2005

Field Note:

Denominator data from 2004 census estimates for women ages 15-19. Numerator data came from MT STD Program. This data came as a percentage with no numerator or denominator. Given a standardized denominator, a numerator was calculated.

2. **Section Number:** Health Status Indicator #05A

Field Name: HSI05A

Row Name:

Column Name:

Year: 2004

Field Note:

Denominator data from 2004 census estimates for women ages 15-19.

HEALTH STATUS INDICATOR MEASURE # 05B

The rate per 1,000 women aged 20 through 44 years with a reported case of chlamydia.

| | | <u>Annual Indicator Data</u> | | | |
|-----------------------------------|---------|------------------------------|---------|---------|-------------|
| | 2001 | 2002 | 2003 | 2004 | 2005 |
| Annual Indicator | 4.8 | 6.3 | 9.6 | 7.0 | 7.0 |
| Numerator | 722 | 953 | 1,443 | 1,046 | 1,046 |
| Denominator | 150,863 | 150,863 | 150,863 | 149,597 | 149,597 |
| Is the Data Provisional or Final? | | | | Final | Provisional |

Field Level Notes**1. Section Number:** Health Status Indicator #05B**Field Name:** HSI05B**Row Name:****Column Name:****Year:** 2005**Field Note:**

Denominator data is 2004 census projection for women 20-44 years. Numerator data came from MT STD Program. This data came as a percentage with no numerator or denominator. Given a standardized denominator, a numerator was calculated.

2. Section Number: Health Status Indicator #05B**Field Name:** HSI05B**Row Name:****Column Name:****Year:** 2004**Field Note:**

Denominator data is 2004 census projection for women 20-44 years. Numerator data came from MT STD Program. This data came as a percentage with no numerator or denominator. Given a standardized denominator, a numerator was calculated.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #06A - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and race. (Demographics)*

For both parts A and B: Reporting Year: 2005 Is this data from a State Projection? No Is this data final or provisional? Provisional

| CATEGORY TOTAL POPULATION BY RACE | Total All Races | White | Black or African American | American Indian or Native Alaskan | Asian | Native Hawaiian or Other Pacific Islander | More than one race reported | Other and Unknown |
|--|----------------------------|--------------|--------------------------------------|--|--------------|--|--|------------------------------|
| Infants 0 to 1 | 11,409 | 9,701 | 61 | 1,466 | 56 | 48 | 54 | 23 |
| Children 1 through 4 | 42,768 | 36,387 | 442 | 5,428 | 454 | 57 | 0 | 0 |
| Children 5 through 9 | 55,096 | 47,484 | 718 | 6,169 | 634 | 91 | 0 | 0 |
| Children 10 through 14 | 63,261 | 54,874 | 575 | 7,105 | 622 | 85 | 0 | 0 |
| Children 15 through 19 | 71,834 | 62,853 | 595 | 7,545 | 722 | 119 | 0 | 0 |
| Children 20 through 24 | 71,047 | 62,628 | 705 | 6,671 | 914 | 129 | 0 | 0 |
| Children 0 through 24 | 315,415 | 273,927 | 3,096 | 34,384 | 3,402 | 529 | 54 | 23 |

HSI #06B - Demographics (Total Population) *Infants and children aged 0 through 24 years enumerated by sub-populations of age group and ethnicity. (Demographics)*

| CATEGORY TOTAL POPULATION BY HISPANIC ETHNICITY | Total NOT Hispanic or Latino | Total Hispanic or Latino | Ethnicity Not Reported |
|--|-------------------------------------|---------------------------------|-------------------------------|
| Infants 0 to 1 | 11,021 | 388 | 0 |
| Children 1 through 4 | 41,062 | 1,706 | 0 |
| Children 5 through 9 | 52,792 | 2,304 | 0 |
| Children 10 through 14 | 61,069 | 2,192 | 0 |
| Children 15 through 19 | 69,581 | 2,253 | 0 |
| Children 20 through 24 | 68,573 | 2,474 | 0 |
| Children 0 through 24 | 304,098 | 11,317 | 0 |

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #07A - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and race. (Demographics)*

For both parts A and B: Reporting Year: 2005 Is this data from a State Projection? No Is this data final or provisional? Provisional

| CATEGORY TOTAL LIVE BIRTHS BY RACE | Total All Races | White | Black or African American | American Indian or Native Alaskan | Asian | Native Hawaiian or Other Pacific Islander | More than one race reported | Other and Unknown |
|---|----------------------------|--------------|--------------------------------------|--|--------------|--|--|------------------------------|
| Women < 15 | 16 | 8 | 0 | 8 | 0 | 0 | 0 | 0 |
| Women 15 through 17 | 347 | 187 | 3 | 151 | 0 | 4 | 1 | 1 |
| Women 18 through 19 | 828 | 616 | 6 | 194 | 0 | 6 | 3 | 3 |
| Women 20 through 34 | 8,867 | 7,664 | 48 | 1,019 | 41 | 34 | 42 | 19 |
| Women 35 or older | 1,351 | 1,226 | 4 | 94 | 15 | 4 | 8 | 0 |
| Women of all ages | 11,409 | 9,701 | 61 | 1,466 | 56 | 48 | 54 | 23 |

HSI #07B - Demographics (Total live births) *Live births to women (of all ages) enumerated by maternal age and ethnicity. (Demographics)*

| CATEGORY TOTAL LIVE BIRTHS BY HISPANIC ETHNICITY | Total NOT Hispanic or Latino | Total Hispanic or Latino | Ethnicity Not Reported |
|---|-------------------------------------|---------------------------------|-------------------------------|
| Women < 15 | 16 | 0 | 0 |
| Women 15 through 17 | 330 | 17 | 0 |
| Women 18 through 19 | 790 | 38 | 0 |
| Women 20 through 34 | 8,572 | 295 | 0 |
| Women 35 or older | 1,313 | 38 | 0 |
| Women of all ages | 11,021 | 388 | 0 |

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #08A - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and race. (Demographics)

For both parts A and B: Reporting Year: 2005 Is this data from a State Projection? No Is this data final or provisional? Provisional

| CATEGORY TOTAL DEATHS BY RACE | Total All Races | White | Black or African American | American Indian or Native Alaskan | Asian | Native Hawaiian or Other Pacific Islander | More than one race reported | Other and Unknown |
|--|----------------------------|--------------|--------------------------------------|--|--------------|--|--|------------------------------|
| Infants 0 to 1 | 68 | 51 | 0 | 11 | 0 | 0 | 6 | 0 |
| Children 1 through 4 | 16 | 10 | 0 | 4 | 0 | 0 | 2 | 0 |
| Children 5 through 9 | 6 | 4 | 0 | 1 | 0 | 0 | 1 | 0 |
| Children 10 through 14 | 14 | 13 | 0 | 1 | 0 | 0 | 0 | 0 |
| Children 15 through 19 | 59 | 40 | 0 | 13 | 0 | 1 | 5 | 0 |
| Children 20 through 24 | 76 | 56 | 0 | 12 | 0 | 1 | 7 | 0 |
| Children 0 through 24 | 239 | 174 | 0 | 42 | 0 | 2 | 21 | 0 |

HSI #08B - Demographics (Total deaths) Deaths of Infants and children aged 0 through 24 years enumerated by age subgroup and ethnicity. (Demographics)

| CATEGORY TOTAL DEATHS BY HISPANIC ETHNICITY | Total NOT Hispanic or Latino | Total Hispanic or Latino | Ethnicity Not Reported |
|--|-------------------------------------|---------------------------------|-------------------------------|
| Infants 0 to 1 | 65 | 3 | 0 |
| Children 1 through 4 | 15 | 1 | 0 |
| Children 5 through 9 | 6 | 0 | 0 |
| Children 10 through 14 | 14 | 0 | 0 |
| Children 15 through 19 | 58 | 1 | 0 |
| Children 20 through 24 | 72 | 4 | 0 |
| Children 0 through 24 | 230 | 9 | 0 |

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #09A - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by race. (Demographics)*

Is this data final or provisional? Provisional

| CATEGORY Miscellaneous Data BY RACE | Total All Races | White | Black or African American | American Indian or Native Alaskan | Asian | Native Hawaiian or Other Pacific Islander | More than one race reported | Other and Unknown | Specific Reporting Year |
|--|----------------------------|--------------|--|--|--------------|--|--|------------------------------|--|
| All children 0 through 19 | 312,533 | 210,824.0 | 2,502.0 | 96,297.0 | 2,549.0 | 361.0 | 0 | 0 | 2005 |
| Percent in household headed by single parent | 5.8 | 0 | 0 | 0 | 0 | 0 | 0 | 5.8 | 2005 |
| Percent in TANF (Grant) families | 2.8 | 0 | 0 | 0 | 0 | 0 | 0 | 2.8 | 2005 |
| Number enrolled in Medicaid | 68,757 | 0 | 0 | 0 | 0 | 0 | 0 | 68,757.0 | 2005 |
| Number enrolled in SCHIP | 10,889 | 0 | 0 | 0 | 0 | 0 | 0 | 10,889.0 | 2005 |
| Number living in foster home care | 2,146 | 1,286.0 | 42.0 | 742.0 | 7.0 | 4.0 | 0 | 65.0 | 2005 |
| Number enrolled in food stamp program | 28,128 | 0 | 0 | 0 | 0 | 0 | 0 | 28,128.0 | 2005 |
| Number enrolled in WIC | 28,716 | 14,882.0 | 1,616.0 | 3,432.0 | 37.0 | 54.0 | 8,616.0 | 79.0 | 2005 |
| Rate (per 100,000) of juvenile crime arrests | 5,779.0 | 5,270.0 | 17,825.0 | 8,234.0 | 2,943.0 | 13,115.0 | 0 | 14,410.0 | 2005 |
| Percentage of high school drop-outs (grade 9 through 12) | 3.3 | 2.7 | 2.2 | 8.4 | 1.7 | 3.0 | 0 | 0 | 2005 |

HSI #09B - Demographics (Miscellaneous Data) *Infants and children aged 0 through 19 years in miscellaneous situations or enrolled in various State programs enumerated by ethnicity. (Demographics)*

| CATEGORY Miscellaneous Data BY HISPANIC ETHNICITY | Total NOT Hispanic or Latino | Total Hispanic or Latino | Ethnicity Not Reported | Specific Reporting Year |
|--|---|-------------------------------------|-----------------------------------|------------------------------------|
| All children 0 through 19 | 235,055.0 | 77,478.0 | 0 | 2005 |
| Percent in household headed by single parent | 0 | 0 | 5.8 | 2005 |
| Percent in TANF (Grant) families | 0 | 0 | 2.8 | 2005 |
| Number enrolled in Medicaid | 0 | 0 | 68,757.0 | 2005 |
| Number enrolled in SCHIP | 0 | 0 | 10,899.0 | 2005 |
| Number living in foster home care | 2,034.0 | 112.0 | 0 | 2005 |
| Number enrolled in food stamp program | 0 | 0 | 28,128.0 | 2005 |
| Number enrolled in WIC | 25,732.0 | 2,905.0 | 79.0 | 2005 |
| Rate (per 100,000) of juvenile crime arrests | 0 | 0 | 5,779.0 | 2005 |
| Percentage of high school drop-outs (grade 9 through 12) | 95.7 | 4.3 | 0 | 2005 |

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #10 - Demographics (Geographic Living Area) *Geographic living area for all resident children aged 0 through 19 years old. (Demographics)*

Reporting Year: 2005 Is this data from a State Projection? No Is this data final or provisional? Provisional

| GEOGRAPHIC LIVING AREAS | TOTAL |
|--|----------------|
| Living in metropolitan areas | 0 |
| Living in urban areas | 129,152 |
| Living in rural areas | 110,019 |
| Living in frontier areas | 0 |
| Total - all children 0 through 19 | 239,171 |

Note:

The Total will be determined by adding reported numbers for urban, rural and frontier areas.

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #11 - Demographics (Poverty Levels) *Percent of the State population at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2005 Is this data from a State Projection? No Is this data final or provisional? Provisional

| POVERTY LEVELS | TOTAL |
|-------------------------------|--------------|
| Total Population | 935,000.0 |
| Percent Below: 50% of poverty | 5.8 |
| 100% of poverty | 14.6 |
| 200% of poverty | 31.7 |

FORM 21
HEALTH STATUS INDICATORS
DEMOGRAPHIC DATA
STATE: MT

HSI #12 - Demographics (Poverty Levels) *Percent of the State population aged 0 through 19 at various levels of the federal poverty level. (Demographics)*

Reporting Year: 2005 Is this data from a State Projection? No Is this data final or provisional? Provisional

| POVERTY LEVELS | TOTAL |
|---------------------------------|--------------|
| Children 0 through 19 years old | 312,533.0 |
| Percent Below: 50% of poverty | 5.3 |
| 100% of poverty | 13.7 |
| 200% of poverty | 33.3 |

FORM NOTES FOR FORM 21

None

FIELD LEVEL NOTES

1. **Section Number:** Indicator 09A
Field Name: HSIRace_SingleParentPercent
Row Name: Percent in household headed by single parent
Column Name:
Year: 2007
Field Note:
200 Census - female householder with own children under 18 years of age.
2. **Section Number:** Indicator 09A
Field Name: HSIRace_TANFPercent
Row Name: Percent in TANF (Grant) families
Column Name:
Year: 2007
Field Note:
2005 FY TANF stat report - table 4
www.dphhs.mt.gov/statisticalinformation/tanfstats/sfy2005

Stats not broken down by race. Graph does not define "child".
3. **Section Number:** Indicator 09A
Field Name: HSIRace_MedicaidNo
Row Name: Number enrolled in Medicaid
Column Name:
Year: 2007
Field Note:
www.aap.org/advocacy/washing/elections/mfs_mt.pdf

22.0% times N=312533 (0 to 19 year olds - 2004 MT Census)
4. **Section Number:** Indicator 09A
Field Name: HSIRace_SCHIPNo
Row Name: Number enrolled in SCHIP
Column Name:
Year: 2007
Field Note:
2005 FY TANF stat report www.dphhs.mt.gov/statisticalinformation/tanfstats/sfy2005

Stats not broken down by race. Stats consist of avg monthly number of cases.
5. **Section Number:** Indicator 09A
Field Name: HSIRace_FoodStampNo
Row Name: Number enrolled in food stamp program
Column Name:
Year: 2007
Field Note:
2005 FY TANF stat report - table 4
www.dphhs.mt.gov/statisticalinformation/tanfstats/sfy2005

Stats not broken down by race. Stats also represent all MT population percentage (9%) times the projected number of 0 to 19 year olds in MT (from 2004 MT Census projections).
6. **Section Number:** Indicator 09A
Field Name: HSIRace_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2007
Field Note:
Unknown and multiple race categories are combined in Montana when reporting juvenile crime. The state census projects for 2004, which provide the denominator, do not differentiate between multiple race and unknown. The rate for multiple race and unknown race categories are both reported in the other/unknown category.

The data reported are 2004 crime data and the denominator is 2004 census projections. Crime data are not yet available for 2005.

Please note: the small number of some Montana
7. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_WICNo
Row Name: Number enrolled in WIC
Column Name:
Year: 2007
Field Note:
These data are preliminary and based on 2004 numbers. The WIC data system is currently undergoing some improvements. Final data will be available by the end of August.
8. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_JuvenileCrimeRate
Row Name: Rate (per 100,000) of juvenile crime arrests
Column Name:
Year: 2007
Field Note:
Juvenile crime data are not reported by ethnicity in Montana.
9. **Section Number:** Indicator 09B
Field Name: HSIEthnicity_DropOutPercent
Row Name: Percentage of high school drop-outs (grade 9 through 12)
Column Name:
Year: 2007
Field Note:
Percentage is based on 100%, as frequencies are not known. OPI reports for 2005 4.3% of all high school dropouts are hispanic. The rest are assumed to be non-hispanic.
10. **Section Number:** Indicator 10

Field Name: Urban
Row Name: Living in urban areas
Column Name:
Year: 2007

Field Note:
Percentages for urban and rural came from the Census and Economic Information Center at the MT Dept of Commerce for 2000 and they were applied to 2004 Census projections for MT. Frontier and metro criteria were not included and therefore, MT citizens could not be classified as such.

11. Section Number: Indicator 11

Field Name: S11_total
Row Name: Total Population
Column Name:
Year: 2007
Field Note:
2005 MT projection - ceic.mt.gov

12. Section Number: Indicator 11

Field Name: S11_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2007
Field Note:
data from 2005 kids count book

13. Section Number: Indicator 11

Field Name: S11_100percent
Row Name: 100% of poverty
Column Name:
Year: 2007
Field Note:
data from 2005 kids count book

14. Section Number: Indicator 11

Field Name: S11_200percent
Row Name: 200% of poverty
Column Name:
Year: 2007
Field Note:
data from 2005 kids count book

15. Section Number: Indicator 12

Field Name: S12_Children
Row Name: Children 0 through 19 years old
Column Name:
Year: 2007
Field Note:
2004 MT Census projection

16. Section Number: Indicator 12

Field Name: S12_50percent
Row Name: Percent Below: 50% of poverty
Column Name:
Year: 2007
Field Note:
Data from Kids Count 2005 databook (2000 US Census estimates). Ages 0 to 18 only.

17. Section Number: Indicator 12

Field Name: S12_100percent
Row Name: 100% of poverty
Column Name:
Year: 2007
Field Note:
Data from Kids Count 2005 databook (2000 US Census estimates). Ages 0 to 18 only.

18. Section Number: Indicator 12

Field Name: S12_200percent
Row Name: 200% of poverty
Column Name:
Year: 2007
Field Note:
Data from Kids Count 2005 databook (2000 US Census estimates). Ages 0 to 18 only.

19. Section Number: Indicator 09A

Field Name: HSIRace_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2007
Field Note:
These data are from Montana's Child and adult protective services for the reporting period 7/1/05 through 5/31/06 (following the state fiscal year). Children included are all of those in out of home care placements, including with relatives, all types of foster care, shelters and treatment facilities.

20. Section Number: Indicator 09B

Field Name: HSIEthnicity_FosterCare
Row Name: Number living in foster home care
Column Name:
Year: 2007
Field Note:
These data are from Montana's Child and adult protective services for the reporting period 7/1/05 through 5/31/06 (following the state fiscal year). Children included are all of those in out of home care placements, including with relatives, all types of foster care, shelters and treatment facilities.